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ABSTRACT

The manual suggests procedures for speech and language programs in Michigan. The six stages of the special education process are examined: referral; evaluation (including the role of the multidisciplinary evaluation team and eligibility requirements for determining speech and language impairments); the individualized educational planning committee (including participants, individual education plan (IEP) content, and performance objectives); delivery of service (including caseload size, determination, and extent of service to be provided); IEP review (termination of service and follow-up); and the three-year reevaluation. Two final sections set forth qualifications for teachers of the speech and language impaired and list resources for additional information or assistance. Extensive appendixes include an interpretation of speech and language services for bilingual children, sample evaluation worksheets, and decision making materials. (CL)

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These program suggestions are presented to persons involved in the provision of Speech and Language Services by the Michigan Department of Education, Special Education Services Area, Analysis, Planning and Technical Assistance Unit, with the assistance of Federal funds made available through Title VI, Part B funds from Education of the Handicapped Act, P.L. 94-142. Media coordinator Susan Moore. Photographs by Joel Mikaelson.

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**PROGRAM SUGGESTIONS
FOR THE PROVISION OF
SPEECH AND LANGUAGE SERVICES
TO STUDENTS
IN MICHIGAN'S SCHOOLS**



Published Sept., 1982

ACKNOWLEDGMENTS

The Special Education Services Area of the Michigan Department of Education sincerely appreciates the assistance of the persons identified below. These persons spent a significant amount of their personal time designing and developing this document.

We are proud of our statewide leadership in the area of public school speech and language programs and services. These persons are representatives of this cadre of professionals.

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The Teacher of the Speech and Language Impaired: A Communication Specialist

The role of the teacher of the speech and language impaired is varied and unique in the field of special education. The teacher of the speech and language impaired is one of the few professionals who evaluates and serves students in an instructional capacity. The role of evaluator is a key responsibility because of the expertise necessary to diagnose communicative impairments. The teacher of the speech and language impaired is particularly qualified to assess communicative behavior and is frequently a member of the multidisciplinary evaluation team.

The teacher of the speech and language impaired is the communication disorders specialist in the school district. This teacher provides special instruction to students in regular education classrooms who have impairments in communication and to other students who, in addition to a speech and language impairment, have physical, mental, emotional or learning handicaps. The "speech therapist" of the past is now a speech and language specialist, capable of meeting the needs of students with varying degrees of disability. This may include instruction in alternative and augmentative communication systems such as signing, Blissymbols, picture boards, or the use of computer-assisted devices with severely impaired students.

The teacher of the speech and language impaired also provides consultation to classroom teachers and other educational personnel serving handicapped students. In some instances a student is better served by his or her own teacher after consultation with the speech and language specialist. In all instances students are better served when through consultation a team approach to instruction is made possible.

As a result of the Auxiliary Services Act, teachers of the speech and language impaired also provide instruction for communicatively impaired students in approved non-public schools. Teachers of the speech and language impaired may be based in one school, public or non-public, assigned to one educational program, or they may travel among several schools meeting students on a regularly scheduled basis. In each instance, the amount of instruction provided to each individual student is determined by an individualized educational planning committee.

Teachers of the speech and language impaired also may be classroom teachers. If they have elementary certification they are approved to teach in classroom programs for the severely language impaired. School administrators often employ these specialists, who also meet the requirements of rule 95, to teach in pre-primary classroom programs because of their unique ability to help students develop in all areas of language.

Because they are an integral part of the special education instructional staff, teachers of the speech and language impaired must possess a valid Michigan Teaching Certificate at either the elementary or secondary level. In addition, these teachers have a special education endorsement in the area of "speech correction". Beginning in September, 1980, teachers of the speech and language impaired also are required to possess an earned master's degree in speech pathology from an approved university in order to be eligible for employment in Michigan's public schools.

Effective communication is vital to learning. The process to be followed in order for students and their teachers to benefit from the skills of our teachers of the speech and language impaired is presented in this booklet. We trust that this document will provide direction and serve as a common base for understanding in our delivery of service to students who need assistance to improve their communication behavior.

Jan M. Baxter, Supervisor
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Assistance Unit

Edward L. Birch, Director
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INTRODUCTION

The special education process is logical and progressive. The process begins with a referral which is a written statement that the student is suspected of being handicapped and may be in need of special education. Once referred, and with informed parental consent, the student is evaluated by a multidisciplinary evaluation team (MET). This team writes a report of its evaluation. An individualized educational planning committee (IEPC) is convened to determine eligibility and if such a determination is made to develop an individualized education program (IEP). Soon thereafter, the superintendent of the operating district or designee assigns the student to the programs and services deemed appropriate by the IEPC. At least annually, an IEPC must be convened to review and revise the IEP, and once every three years the handicapped student must be re-evaluated to determine whether the student is still eligible for special education. The process can be summarized in six steps;

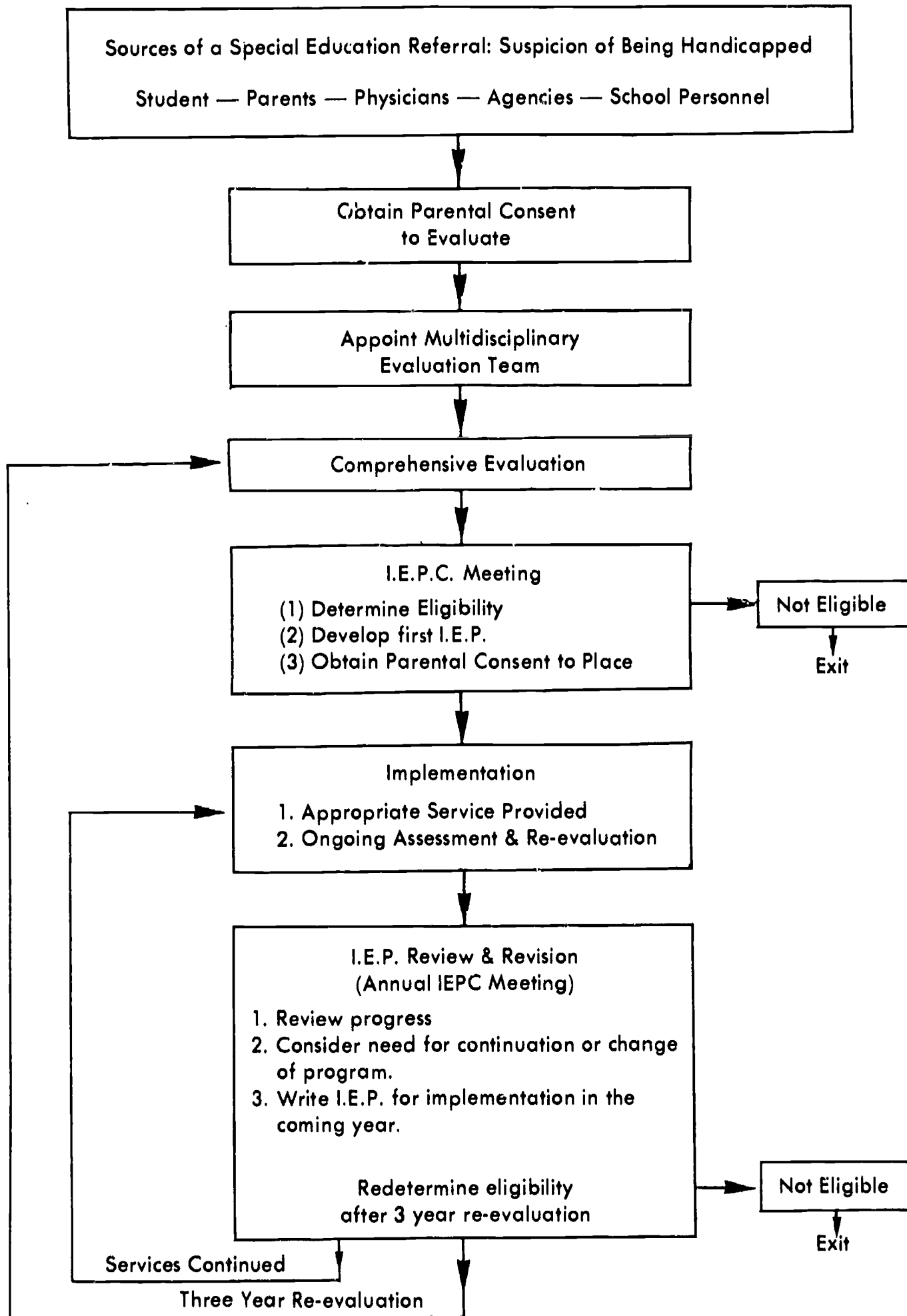
1. Referral,
2. Evaluation,
3. IEPC Meeting,
4. Delivery of Programs and Services,
5. IEP Review, and
6. Three Year Re-evaluation.

As illustrated in chart form on page 2, each step must be followed in the sequence presented for each student suspected of being handicapped.

Although the same six steps are followed for all special education students, this booklet is designed to provide information related to each of the six steps as they apply particularly to the speech and language impaired.

It is hoped that these program suggestions will contribute to the continuing provisions of efficient and effective programs for Michigan school students who have communication disabilities.

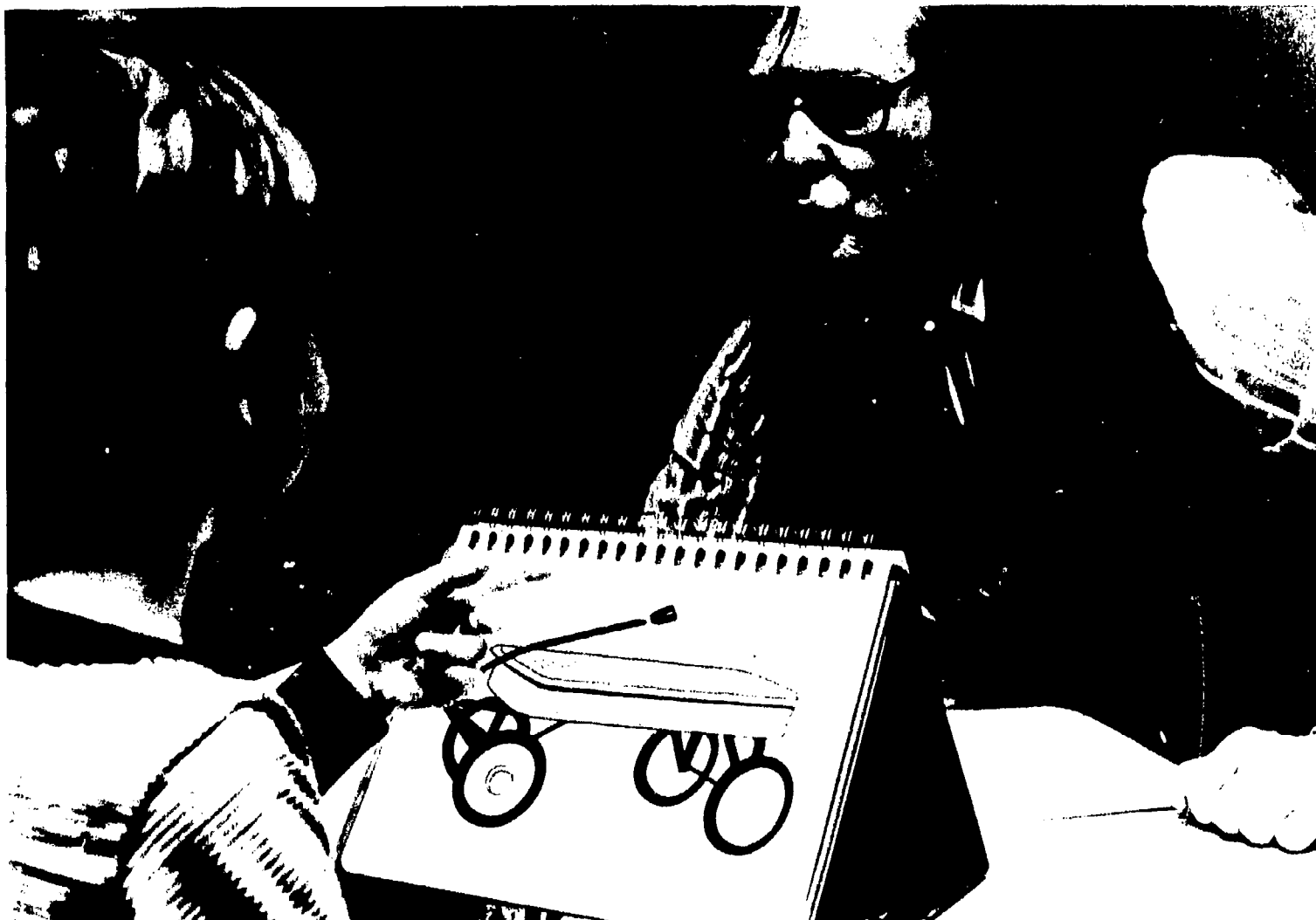
FLOW CHART FOR PROVIDING SERVICES



REFERRAL

The first step in the special education process is the referral. The term "referral" is used here in two ways: (1) referral can mean the initial written notification that a person is suspected of being handicapped, or (2) referral can mean a written statement that a handicapped person may need a "change in educational status," which means that the student's IEP may need to be amended by adding, deleting or modifying a special education program or service. Parental consent to evaluate is required for an initial referral but is not required for a referral for a change in educational status. Both types of referrals lead to IEPC meetings which must be held within 30 school days.

Once an initial referral is received, the school district requests the parents' permission to evaluate. The educational agency has 30 school days from the receipt of parent permission to the completion of the IEPC meeting.



Any of a number of different people may refer a student suspected of being handicapped. These persons may include teachers, social workers, parents, licensed physicians, registered nurses, university speech and hearing clinic staff members, representatives of other agencies, or the student him/herself. Typically, a referral for a student suspected of being speech and/or language impaired comes from a regular or special education teacher, the student's parents, or the teacher of the speech and language impaired.

Historically, teachers of the speech and language impaired have identified students who may be in need of speech and language services by screening all students in various elementary grades or rooms. This practice is no longer feasible in most schools because the State School Aid Act for 1981-82 prohibits special education reimbursed personnel from working with students who are not handicapped or who are not suspected of being handicapped. Since the local district must cover the costs of screening of one or more grade levels, this practice is generally not economically feasible. Consequently, referrals from other sources are essential.

Local education agencies (LEA's) increasingly are engaged in comprehensive preschool screening (kindergarten roundups) and child find projects designed to identify students' present or potential learning problems prior to entering school. Special education reimbursed personnel may participate in these preschool efforts. Regular education teachers are also becoming more aware of features of normal and disordered oral communication and are generally able to make appropriate referrals for evaluation.

Once a referral is submitted to the school district, the special education process must be followed. The next step in the process is evaluating the student.

EVALUATION

Obtaining Permission for the Evaluation Process

When a student is suspected of being speech and/or language impaired and has been referred for evaluation, the school district must notify the parent or guardian and obtain written permission for the evaluation. Rule 340.1721 * specifies the requirements related to obtaining this permission prior to testing.



Rule 21. (1) Within 10 calendar days of receipt of a referral of a person suspected of being handicapped, and prior to any formal evaluation designed to determine eligibility for special education programs and services, the public agency shall notify the parent pursuant to R340.1723a and R340.1723b and shall request written consent to evaluate. This written notice shall contain all of the following:

- (a) The reason or reasons an evaluation is sought and the nature of the evaluation.
- (b) A full explanation of all the procedural safeguards available to the parent under part 2 of these rules.
- (c) A description of the types of special education programs and services currently available within the intermediate school district.
- (d) A list of organizations, including their addresses and telephone numbers, available to help parents of handicapped persons understand the special education process.

- (e) *A statement of the parent's right to inspect and review all education records with respect to the identification, evaluation, program, educational placement, and the provision of a free appropriate public education to the suspected handicapped student pursuant to the provisions of R340.1861 to R340.1866.*

* All rules presented in this document are Michigan Administrative Rules.

These same requirements apply to any request to evaluate, regardless of the type of impairment suspected. In fact, most districts use the same form to obtain permission for all types of special education evaluation. Subparts (a) and (c) of R340.1721 deserve attention because speech and language evaluations and services must be specific for students suspected of being speech and/or language impaired.

Describing the nature of the speech and language evaluation. The description of the nature of a speech and language evaluation could appear on a separate sheet, but is often included in a district's general explanation of evaluation services. An example of wording for the description of speech and language evaluation follows:

TEACHER OF THE SPEECH AND LANGUAGE IMPAIRED

A teacher of the speech and language impaired evaluates speech and language behavior. Tests may be given in the following areas:

LANGUAGE DEVELOPMENT: Assessment of the student's ability to process, understand and communicate ideas verbally.

ARTICULATION: Assessment of the student's ability to speak intelligibly.

VOICE: Assessment of the student's ability to utilize appropriate pitch, loudness or quality.

FLUENCY: Assessment of the student's ability to speak without excessive interruptions (e.g., repetition of sounds, words, phrases or sentences) which interfere with effective communication.

Describing speech and language services available in the ISD. The description of the types of special education programs and services currently available within the intermediate school district includes an overview of the continuum of programs and services for students who have speech and language impairments as primary handicaps and those who have communicative impairments in addition to some other problem. This can be conveyed by including a description of the speech and language services in the parent handbook handed out by districts at the time written consent is requested for evaluation.

The Multidisciplinary Evaluation Team

All students suspected of being handicapped, including those suspected of being speech and language impaired, are evaluated by a multidisciplinary evaluation team (MET). The MET is defined as a minimum of two persons including at least one special education-approved teacher or other specialist with knowledge in the area of the suspected disability. The mandated member of the MET for a student suspected of being speech and language impaired is a teacher of the speech and language impaired. The second member may be any other person knowledgeable about the student, about the suspected disorder, or about behavior that might be expected of the student being evaluated if there were no disorder. Possible second members of the MET for a speech and language evaluation are a regular education

teacher, another teacher of the speech and language impaired, an audiologist, a special educator, a teacher consultant or any other appropriate special education staff member.

It is the responsibility of the teacher of the speech and language impaired to make appropriate referrals to other specialists when necessary to determine speech and language impairment and/or when it is suspected that other impairments may exist. For example, the documentation of hearing acuity is often of critical concern when a speech and/or language problem is evident. Cognitive assessment may be essential when a student is being considered for special programming as "severely language impaired" (R340.1756), or to assist in determining whether a mentally impaired student has speech and language skills which are commensurate with his/her general ability. (See section on eligibility of special populations in this booklet.)

The Nondiscriminatory Comprehensive Evaluation

More than one piece of evidence must be used to determine the existence of a speech and language handicap. Tests and evaluations must comply with requirements specified in R340.1721a(3).

When evaluating a person suspected of being handicapped, the public agency shall assure that tests and other evaluation materials used by members of the multidisciplinary team comply with all of the following:

- (a) *are administered by trained personnel in conformance with the instructions provided by their producer;*
- (b) *are validated for the specific purpose for which they are used; This does not preclude nonstandardized tests from being used in addition to other requirements. Indeed, nonstandardized instruments such as checklists and rating scale may provide the most appropriate information for some types of disorders.*
- (c) *are designed to assess specific areas of educational need and not merely to provide a general intelligence quotient;*
This type of comprehensive information will be needed to develop an IEP if the student is eligible for a speech and language impaired program.
- (d) *are reflective of the person's aptitude or achievement or whatever other factors the test purports to measure rather than reflecting the person's impaired sensory, manual, or speaking skills, unless this is what the test is intended to measure; and*
- (e) *are selected and administered so as not to be socially or culturally discriminatory.*
It is important to separate language disorder from language difference. An interpretation regarding this decision appears in Appendix A (page 35) and, provides information to assist in differential diagnosis for two commonly occurring special populations.

The MET Report

Following evaluation of students suspected of being speech and language impaired, the teacher of the speech and language impaired generally is responsible for compiling and presenting the report of the multidisciplinary evaluation team (MET) to the individualized educational planning committee (IEPC). When a student is suspected of having some other impairment, and a speech and language evaluation is requested for the student, the teacher of the speech and language impaired contributes written information to the MET report and should ensure that the diagnostic team member assigned to the student's IEPC meeting is sufficiently aware of the recommendations related to speech and language. Based on the documented diagnostic information provided by the evaluation team, the IEPC determines whether or not

the student is eligible for special education programming as speech and language impaired.

Several options are available for the organization of the MET report. One possibility is for a district to use a common cover sheet which is applicable regardless of the type of suspected handicap. The various specialists who evaluate the student can then append their individual written reports to this summary sheet. The written MET report must include: (1) the information needed to determine eligibility, and (2) educational data that identifies the person's current level of educational performance. Both qualitative and quantitative information may be included in the speech and language portion of the report.

For the speech and language impaired student, "current level of educational performance" means current level of speech and language performance. Academic performance in the other basic skill areas is reported if it is suspected to relate in a significant way to the communicative impairment. Grade level scores in reading, writing, spelling and math are not required for most students who have no impairments other than those involving speech and language. However, quantitative information such as language age scores, percentiles, or clear descriptions of abnormal speech behaviors would be expected to be used to document whether or not the student is eligible as speech and language impaired by satisfying the requirements of any of the descriptions in the subareas under Rule 1710 (articulation, language, voice or fluency). The critical elements for inclusion on a written MET report are:

1. A description (or name) of each evaluation instrument used.
2. The results of the various assessments.
3. Information relative to the current level of educational performance that can be used to develop the IEP.
4. A recommendation of eligibility or lack thereof, based on analysis of the evaluation results and the eligibility criteria presented in R340.1710.
5. The signatures of positions of each member of the team (one of whom is designated to attend the IEPC).

Eligibility Requirements for Determining Speech and Language Impairments

R340.1710 presents the eligibility characteristics for students to be determined speech and language impaired. It follows:

Rule 10. (1) *The speech and language impaired shall be determined through the manifestation of 1 or more of the following communication impairments which adversely affects educational performance:*

- (a) *Articulation impairment, including omissions, substitutions, or distortions of sound, persisting beyond the age at which maturation alone might be expected to correct the deviation.*
- (b) *Voice impairment, including inappropriate pitch, loudness, or voice quality.*
- (c) *Fluency impairment, including abnormal rate of speaking, speech interruptions; and repetition of sounds, words, phrases, or sentences, which interferes with effective communication.*
- (d) *One or more of the following language impairments: phonological, morphological, syntactic, semantic, or pragmatic use of aural/oral language as evidenced by both of the following:*
 - (i) *A spontaneous language sample demonstrating inadequate language functioning.*
 - (ii) *Test results, on not less than 2 standardized assessment instruments, or 2 subtests designed to determine language functioning, which indicate inappropriate language functioning for the student's age.*

- (2) *A handicapped person who has a severe speech and language impairment but whose primary disability is other than speech and language shall be eligible for speech and language services pursuant to R340.1745(a).*
- (3) *A determination of impairment shall be based upon a comprehensive evaluation by a multidisciplinary team which shall include a teacher of the speech and language impaired.*
- (4) *A determination of impairment shall not be based solely on behaviors relating to environmental, cultural, or economic differences.*

The determination of adverse effect on educational performance. "Educational performance" involves all of the basic skills of reading, writing, mathematics and oral communication. In conducting the multidisciplinary evaluation for a speech and language impaired student, the function of the other MET member(s) is primarily to document that a student has a speech/language impairment involving impaired communicative performance in settings beyond the testing room. Such documentation can be obtained by assisting the regular education teacher to complete a checklist detailing behaviors of the student in the classroom which may adversely affect his/her educational performance. Checklists might include specific questions such as: "Does the student participate in class discussion?"; "Does the student understand verbal directions?"; "Do other students tease the student about the way he/she talks?" Many districts have specific checklist prepared to document adverse educational effects. See examples in Appendix C (pages 38-44).

The Special Education Services Area of the Department of Education has not presented an official interpretation of the phrase, "adversely affects educational performance." However, the phrase, "adversely affects educational performance," is not intended to imply that the student must be below grade level or must be failing in an academic area in order to be eligible as a speech and language impaired student. Students may be doing very well academically, but may not be performing appropriately in the educational environment relative to aural/oral communication which is, in and of itself, a basic skill.

Examples of students who may be doing very well academically but still eligible as speech and language impaired are the following:

1. A gifted student who stutters and has related problems contributing to class discussions.
2. A first grader who is ahead of peers in many developmental areas, but has multiple articulation errors that affect intelligibility during "show and tell" and other educational activities.
3. A third grader who is an above average reader, but exhibits a voice disorder during classroom verbal interactions such as giving book reports, oral reading and class discussion.

Determining articulation impairment. 340.1710(a). *Articulation impairment, including omissions, substitutions or distortions of sound, persisting beyond the age at which maturation alone might be expected to correct the deviation.*

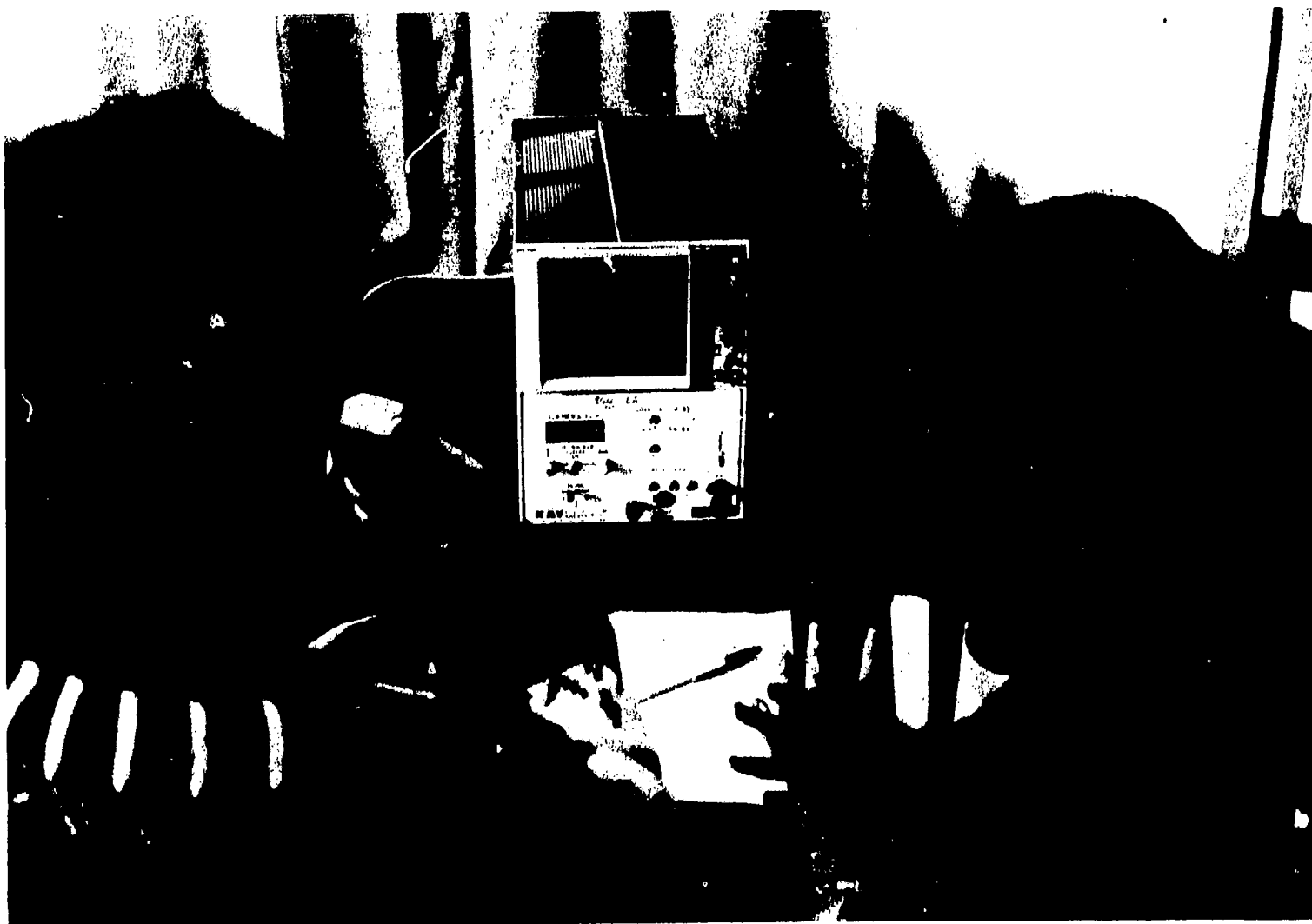
Results of a validated articulation test, error counts from a sample of the student's conversational speech and a determination of the extent to which the impairment interferes with educational performance would supply evidence regarding the student's eligibility for articulation therapy (see Appendix F, page 42). Additional information might include determination of the intelligibility in other situational contexts or evaluation of auditory processing skills. Evaluation results must be interpreted according to appropriate developmental norms and the standardization procedures of any given test measure. Students who misarticulate only one or two of the later developing sounds are generally not considered to have impaired articulation until they enter second or third grade. A variety of ranges are reported in the literature for maturational ages of the various speech sounds (see Appendix D, page 45).

Determining voice impairment. R340.1710(b). *Voice impairment, including inappropriate pitch, loudness, or voice quality.*

Procedures appropriate to the diagnosis of voice disorders would include the use of severity ratings, oral examinations, descriptions of vocal behaviors, and intelligibility ratings (see Appendix F, page 49).

Inappropriate voice production may exist when ratings indicate a moderate/severe problem or when voice behaviors are outside the normal range for the student's age and sex. The consistency of the problem and the student's ability to modify voice production are considerations in determining eligibility. Suggested definitions are:

1. **Inappropriate pitch.** Habitual pitch so high, low, or lacking in variation that it adversely affects educational performance.
2. **Inappropriate loudness.** Habitual loudness level so inappropriate to the situation that it adversely affects educational performance.
3. **Inappropriate voice quality.** Habitual lack of clarity in vocal production or resonance (including nasality, breathiness, or hoarseness) or vocal hyperfunction which adversely affects educational performance.



Determining fluency impairment. R340.1710(c). *Fluency impairment, including abnormal rate of speaking, speech interruptions, repetitions of sounds, words, phrases, or sentences, which interferes with effective communication.*

Procedures appropriate to the diagnosis of stuttering and other fluency disorders would include a description of the student's speech, including specific information about the nature of the disfluency, severity ratings in various situational contexts, and an analysis of factors contributing to the disfluency (see Appendix F, page 51).

Factors which influence the determination of eligibility may include frequency of the disfluency and the presence of associated mannerisms (struggle behaviors, postponement, starting and release devices). Students who exhibit characteristics of only the primary stage of stuttering behavior or who exhibit disfluency which is characteristic of the normal developmental process (normally occurring when the person's mental age is in the 2 to 5-year-old range) may benefit from parent education and counseling following the evaluation but are generally not considered to be handicapped.

Determining language impairment. *R340.1710(d). One or more of the following language impairments: phonological, morphological, syntactic, semantic, or pragmatic use of aural/oral language as evidenced by both of the following:*

- (i) *A spontaneous language sample demonstrating inadequate language functioning.*

A spontaneous language sample may be obtained by recording examples of unstructured conversation, or by using any of a number of acceptable techniques for eliciting spontaneous responses. It should be gathered in such a way that it can be considered to be a reliable representation of the student's true spontaneous communicative abilities. Such samples vary in length and may be written verbatim or tape recorded for subsequent transcription and analysis.

- (ii) *Test results on not less than 2 standardized assessment instruments or 2 subtests designed to determine language functioning, which indicate inappropriate language functioning for the child's age.*

Inappropriate language functioning is indicated when test results are below the normal range of functioning for the person's age and/or ability level, utilizing the normative data and standardization procedure appropriate to each test measure (See Appendix F, page 52).

When a test instrument does not clearly indicate that a score is considered outside the limits of normal functioning, other guidelines can be considered, including the following:

1. If means and standard deviations are available, a deficit which is more than one standard deviation below the mean for the person's age and/or ability level;
2. When an age score is given, an age score which is less than 85% of the mental age (or of chronological age when an MA is not available);
3. When a test has been administered to everyone in a general category, such as all first graders, a score in the lowest sixth of the distribution.

The process of relating evaluation results to recommendations for appropriate service delivery options is considered further in Section IV (Delivery of Services). Depending upon evaluation findings, three (3) types of recommendations generally appear in MET reports. The first is a recommendation of eligibility. The second is a recommendation of the types and intensity of service. The third suggests specific targets for remediation, assuming intervention is thought to be necessary.

Upon completion of the MET report an IEPC meeting is convened. This committee meeting is the third step of the process.

INDIVIDUALIZED EDUCATIONAL PLANNING COMMITTEE

The IEP

The written Individualized Education Program is a management tool designed to ensure that each handicapped student is provided the special education and related services appropriate to his/her special needs. It also serves as a communication vehicle between all participating parties to detail what has jointly been agreed upon: the nature of the student's impairment; the programs and services to be provided; desired goals and related objectives.

The IEP is viewed as an extension of the procedural protections guaranteed under federal and state law to a handicapped student and his/her parents. The process provides for parent involvement and is a compliance/monitoring document which may be used to determine whether a handicapped student is receiving a free appropriate public education. It is developed by a group of district education personnel, in cooperation with the parents, at the individual educational planning committee meeting.



Parent Invitation to Attend IEPC

Parents must be invited to the IEPC meeting early enough to ensure that they will have the opportunity to attend, and the meeting must be scheduled at a mutually agreeable time and place. Letters of invitation should include the time and the location of the meeting and indicate that another time can be arranged if the parent cannot attend as scheduled. If the parent chooses not to attend, the IEPC may be conducted, but the school district should maintain written documentation of its attempts to arrange a mutually agreed upon time and place with the parents. This might include records of phone calls, letters or home visits attempted and the results of these attempts.

Additionally, someone from the school district is responsible for contacting the parents to explain the roles and responsibilities of the IEPC participants prior to the meeting so that parents will be prepared for the process. This contact may be by phone, written invitation, or in person. For students who are speech and language impaired only, teachers of the speech and language impaired are often expected to make this parent contact. If school districts expect the teacher of the speech and language impaired to be responsible for these contacts, ample time should be allotted during the establishment of caseload size.

IEPCs Involving Teachers of the Speech and Language Impaired

1. The school district is responsible for ensuring that an IEPC meeting is held. The teacher of the speech and language impaired is often asked to be responsible for the IEPCs of students with speech and language impairments only, and may be asked to set up the IEPC meeting by making the arrangements for the meeting, contacting the school personnel involved and inviting the parents. In order to minimize time lost from instructional services and programs, it is advisable to handle these duties administratively whenever possible.
2. For students who have speech and/or language impairments in addition to some other type of handicapping condition, the teacher of the speech and language impaired offers an instructional service rather than a program. The "service" component is added to the IEP detailing the entire special education program for the student. While it is not mandated that all special education personnel who provide service to the student attend the IEPC, it is necessary that the IEPC accurately describe the programs and services to be provided to the student. The teacher of the speech and language impaired should be prepared to provide information to be attached to the IEP. This material could include current level of performance, suggested annual goals, suggested short-term instructional objectives, appropriate objective criteria and the specific service recommended for the student. Projected dates for the initiation of service, the duration of service and schedules for determining progress would only be included if they differ from those of the rest of the IEP. Each student should have only one IEPC meeting and one IEP form rather than two or three. All special education personnel who work with the student should coordinate their efforts to best serve the student's needs. If coordination is not planned, it is possible for a variety of educators each to be working on the same area of difficulty using conflicting and confusing methods.

Participants in IEPCs

The superintendent or designee (usually the director of special education) appoints the IEPC Committee, comprised of the following:

- *1. a representative of the school district qualified to provide or supervise the provision of special education (other than the student's teacher),
- *2. the student's teacher. (General education teacher's attendance is necessary.),
3. one or both parents,

4. the student, if appropriate,
- *5. a member of the multidisciplinary team at the **initial IEPC** and the **three-year re-evaluation IEPC**, and
6. other individuals at the discretion of the parents or the LEA.

*Mandated participants

Examples of personnel who may fill these roles on the IEPC for a speech and/or language impaired student are:

Role (1)	Role (2)	Role (3)	Role (4)
Representative of School District who is qualified to supervise or provide Special Education (other than student's teacher).	Student's Teacher	Parent(s)	Diagnostic (for initial IEPC)
↓ Teacher of the Speech and Language Impaired Director of Special Education Principal/Assistant Principal Special Education Supervisor/Department Head Teacher Consultant Special Education Classroom Teacher	↓ Teacher of the Speech and Language Impaired General Education* Classroom Teacher Special Education Classroom Teacher	↓ Either or both parents or guardians	↓ Member of the diagnostic team. Will be the TSLI for Speech & Language Impaired Only students

***NOTE:** In IEPCs for students with speech and language service **only**, the TSLI may fill roles (1) and (4). The rules mandate the use of the regular education teacher for students who are enrolled in general education. For students who are placed in Special Education, any of the above may fill the role of teacher. It should be noted that no person may fill both roles (1) and (2) at the same meeting. Counselors, psychologists and social workers may not fill the first or second roles unless they are also fully approved teachers of the handicapped.

Responsibilities of the Initial IEPC

The public agency is responsible to take whatever action is necessary to insure that the parent understands the proceedings at the meeting. This might include the need to arrange for an interpreter for parents who are deaf or whose native language is other than English. The committee, once constituted must:

1. review the recommendation of the MET and determine the eligibility of students suspected of being handicapped (all referrals of students suspected of being handicapped must culminate in an IEPC meeting regardless of the recommendation of the MET);
2. initially develop each handicapped student's individualized educational program, including appropriate goals and instructional objectives based on the student's present level of educational performance;
3. determine the appropriate program or service, indicating the rationale for placement, using:
 - a. consideration of the least restrictive environment, and
 - b. identification of placement options considered and alternatives rejected;
4. submit the report to the superintendent or designee for implementation; and
5. secure written parental consent for initial placement in special education.

In attempting to make the individualized educational planning process a meaningful one, it is helpful to assume the point of view of parents. Professionals often are most concerned with instructional objectives. Parents are primarily interested in having direct input into the more global step-by-step process which; 1) considers their child's unique educational needs, 2) describes the service that will meet those needs, 3) determines whether the recommended placement will have the capability to deliver the needed services, and 4) considers specific areas of remediation for each specialist working with the student.

Content of the IEP

In order to adapt the specific content areas for students who are speech and/or language impaired only, consider the following suggestions:

1. The student's present level of educational performance will probably indicate that he/she is basically functioning at grade level except in specific speech-language areas for which current evaluation information will be briefly summarized. The statement should provide an accurate picture of the student's abilities, with sufficient information to develop an educational plan. There should be a direct identifiable link between the statement and the rest of the plan; it should be based upon data derived from the multidisciplinary evaluation team.
2. An annual goal is a general statement of expected behavior to be achieved within a school year, for example, "The student will improve his use of /'r'/ in conversation."
3. There must be one or more short-term instructional objectives for each annual goal. Instructional objectives are not meant to be the minute descriptions found in performance objectives or occasionally in lesson plans, but they should identify the progress expected on a quarterly or semester basis. An example of an instructional objective is, "The student will use /'r'/ in the initial position in words in the speech and language room, 90% of the time."
4. A statement of the specific special education and related services to be provided should specify the approximate amount of time that the student will spend in speech and language, for example, "a total of 60 minutes a week," or "approximately 45-60 minutes a week in two or three sessions." Such a statement of the approximate number of sessions and/or time per week defines what represents "appropriate service" for a given student. When such specificity is included in students' IEPs in a school

district, the collective IEPs of the students to be served can provide a tool for assessing staffing needs in the district and for determining when a caseload has reached maximum size for a particular teacher of the speech and language impaired.

5. The extent to which the student is able to participate in regular education may be expressed as a percentage of the student's time or as a number of hours per week. Students who have speech and language impairments as their primary and only handicaps will participate entirely in regular education programs except for the time which they spend in speech and language instruction. It would be appropriate to indicate that such students will spend the remainder of the time in general education and will be included in physical education with their regular classes.
6. For students who are speech and language impaired only, the IEPs should accurately reflect the projected date when services will be initiated. For IEPs of students with other handicaps, the speech and language service component of the plan should be presumed to begin on the same date as the other special education programs and/or services.
7. The anticipated duration of services generally is interpreted to mean the duration of each of the component services outlined in the plan (one school year or less) rather than a long-term prognosis for correction.
8. Appropriate objective criteria for movement through the program will be an integral part of the short-term instructional objectives. Various instruments or evaluation procedures (such as periodic speech samples) may be used to verify that the student is making progress throughout the year.
9. Schedules must be indicated for determining, on at least an annual basis, whether the short-term instructional objectives are being achieved. The schedule for review may be printed on the IEPC form, but it cannot be just "understood" that it will be in one year. The IEPC must indicate in the IEP when or how often the objectives will be reviewed.

(It should be noted that the teacher is **not** held accountable if a student does not achieve the growth projected in the annual goals and objectives.)

An example of a completed IEPC report is included in Appendix H (pages 62-65).

Performance Objectives

Rule 33(e) calls for performance objectives to be written for students receiving special education programs and services. These performance objectives are **in addition to** the annual goals and short-term instructional objectives which are written by the participants at the IEPC. The rule follows:

Performance objectives based on the annual goals and objectives in the individualized education program shall comply with all of the following:

- (i) *Be written by special education personnel for persons assigned to a special education program or service.*
- (ii) *Be developed in accordance with the student's needs in the cognitive, affective, and psychomotor domains with special attention to personal adjustment, prevocational, physical education, and vocational training.*
- (iii) *Be developed and carried out cooperatively by regular and special educators for those areas of instruction under the direct supervision of special education personnel when a handicapped student is assigned to the regular education curriculum.*
- (iv) *Be developed by ancillary service personnel relative to the service they provide.*
- (v) *Be available to the parent and may be reviewed by the department or its designee.*

After the IEP has been completed, special education personnel must develop performance objectives based on the annual goals and objectives in the IEP in cognitive, effective and psychomotor domains if appropriate. Performance objectives are defined in the regulations as "a set of specific behavioral statements representing measurable steps toward the achievement of the short-term instructional objectives and annual goals written in the individualized education program."

A "classical" performance objective describes:

- a. the individual
- b. the behavior to be exhibited
- c. the object of the behavior
- d. a time reference
- e. the measurement used
- f. the criteria for success

As a minimum, a performance objective identifies both measurable and observable behavior relating to the learner's performance, the expected outcome and the criteria to be used to judge success.

The following are examples of appropriately written performance objectives:

The student will:

1. point to objects/pictures or perform an action, following concrete demonstration earlier in session, to represent target vocabulary items named by clinician (two consecutive sessions; 4 of 5 trials correct each item; minimal prompting).
2. point to previously untrained objects/pictures or perform an action to represent concrete and obvious demonstration target vocabulary items named by clinician (two consecutive sessions; 4 of 5 trials correct each item; no prompting).
3. label objects/object relationships/pictures/actions representing the target vocabulary, following demonstration earlier in session, in response to clinician's verbal question or fill-in task (two consecutive sessions; 4 of 5 trials correct each item; mixed presentation; minimal prompting).
4. demonstrate ability to discriminate less obvious examples representing the target vocabulary by pointing or performing an action (two consecutive sessions; two trials correct each item; mixed presentation; no prompting).

(From: Nelson, N.W. *Planning Individualized Speech and Language Intervention Programs*, 1979, Tucson, AZ: Communication Skill Builders.)

Many school districts have developed sets of prepared performance objectives in the areas of articulation, voice, fluency, and language or have purchased commercially prepared sets of objectives. Teachers of the speech and language impaired may save valuable time by choosing appropriate objectives for a particular student from lists of prepared objectives and then indicating the dates on which objectives are actually initiated and completed. Sets of performance objectives are also printed in the *MSHA Journal*, Vol. 12, No. 2, Fall of 1976.

R340.1733(f) requires that methods of instruction must be consistent with the performance objectives. The methods of instruction may be documented by teacher's lesson plans, a commercially prepared sequential instructional program, or a teacher devised instructional management system.

DELIVERY OF SERVICE

The fourth step is to provide the programs/services specified by the IEPC. The superintendent or designee assigns the student to the teacher of the speech and language impaired. The student is then added to the teacher's caseload.

Caseload

Speech and language services are to be provided pursuant to R340.1745. This rule provides specific information relative to caseload size, determination, and the extent of service to be provided.

Rule 45. *Specific requirements for instructional services for the speech and language impaired are as follows:*

- (a) *The extent of instructional services provided by a teacher of the speech and language impaired for persons determined to be eligible for special education in R340.1703 to R340.1714 shall be based on the handicapped person's needs as determined by the individualized educational planning committee after reviewing a diagnostic report provided by a teacher of the speech and language impaired.*
- (b) *The determination of caseload size for an individual teacher of the speech and language impaired shall be made by the teacher of the speech and language impaired in cooperation with the district director of special education, or his or her designee, and the building principal or principals of the school or schools in which the students are enrolled. Caseload size shall be based upon the severity of the handicaps and the intensity of the service defined in the collective individualized education programs of the students to be served, allowing time for diagnostics, report writing, individualized educational planning committee meetings, and travel.*
- (c) *Individual teacher caseloads shall not exceed 75 different persons.*

The caseload for a teacher of the speech and language impaired is composed of those students determined by the IEPC to be speech and language impaired and in need of services from the teacher of the speech and language impaired. The number of students on any one caseload is determined by the severity of the students' communicative impairments, the extent of services mandated by the collective IEPC meetings and the number of student contract hours available for instructional services. No single weighting system for equating severity across communicative disorders is in general usage. However, such weighting could be useful in planning for the provision of appropriate programs. Guidelines for one possible rating scale are included as Appendix G (page 60).

Caseload size varies according to individual circumstances. In addition to providing evaluation and instructional services, the teacher of speech and language impaired is responsible for report writing, record keeping and attendance at IEPC meetings and staffings. These responsibilities must be scheduled carefully so as to minimize disruption of direct service.

In order for a teacher of the speech and language impaired to determine an appropriate size for his or her caseload, it is necessary to consider several factors.

First, the number of sessions available during the week to work with students may be determined by subtracting sessions which will be required for diagnostics, report writing, program planning, parent contacts, arranging and conducting IEP meetings and travel among schools from the total number of

potential work sessions in the week. For example, a typical week might have 60 half-hour sessions available for service to students. If travel time, diagnostic time, report writing time and meeting time are subtracted, 45-50 sessions might be maximum number of sessions per week available for the delivery of services to an active caseload.

Second, the IEPs of all the students to be served should be reviewed to determine the number of sessions per week for each. Caseloads vary. Some consist largely of students who have speech and language impairments as primary disabilities and who are often appropriately grouped, and others consist of severely involved students who have a speech and language disorder in addition to other primary disabilities. Each student's IEP should describe the type and intensity of services which the IEPC has found to be appropriate for that student.

Third, possible groupings of students may be considered. The manner in which students in the same schools and with similar problems can be grouped will determine how many separate sessions are needed to deliver the services defined in the IEPs of those students.

Fourth, the number of groups which can be formed to serve students appropriately are multiplied by the number of sessions designated for weekly instructional contacts for each type of group.



This process will yield the number of sessions which are needed to provide the services defined in the IEPs of all of the speech and language impaired students in one or more schools. The more students who can be grouped, the fewer sessions will be needed, since several students can be served in the same session. However, some students have needs which can only be served individually, and it is inappropriate to group

such students.

Using the system described here, the caseload maximum for a particular teacher of the speech and language impaired is reached when there are no sessions available for meeting the IEP requirements of additional students.

Example: Depending upon the type of caseload, it may be appropriate for some students to be seen 4 to 5 times per week on an individual basis. The majority of the caseload may fit neatly into the two sessions per week therapy model used most frequently. Still others may require one consultation session per week in a classroom setting with a number of fellow students. After subtracting time needed for travel among schools, diagnostic sessions and report writing, a particular teacher of the speech and language impaired may have 48 to 50 sessions available. Within these 48 to 50 sessions, 8 groups of 3 students might be designated to be seen for 2 sessions per week (24 students; 16 sessions), 5 groups of 2 students might be seen 3 times per week (10 students; 15 sessions), 5 groups of 2 students might be seen 2 times per week (10 students; 10 sessions), and 2 students might be seen individually for 4 sessions per week (2 students; 8 sessions). For this hypothetical caseload the maximum of 50 sessions has been filled with 46 students, but many other possibilities exist; other examples are provided in Appendix G (page 60-61).

The figure of 75 is a **maximum** caseload size; it is neither minimal nor generally optimal. The determination of maximum caseload size for any one teacher of the speech and language impaired is to be determined by the teacher in cooperation with administration and depends upon a number of scheduling variables which determine how many instructional sessions are available (e.g., number of schools to be served, distance between them, hours of operation and lunchroom and gym schedules, etc.) and the number of total students which can be served in those available sessions.

Special populations. R340.1710(2). *A handicapped person who has a severe speech and language impairment but whose primary disability is other than speech and language shall be eligible for speech and language services pursuant to Rule 340.1745(a).*

Many students whose primary disability is other than speech and language impairment exhibit verbal behavior indicative of delayed or disordered speech and language. Speech and language services should be provided for such students when careful differential diagnosis indicates that they would benefit from such services. Examples of this principle would be:

1. articulation and/or voice therapy for hearing impaired students when necessary to develop and/or maintain speaking skills;
2. language therapy for hearing impaired students to improve those language skills which have not developed at the expected rate because of the hearing loss;
3. language and/or speech therapy for learning disabled students whose aural/oral and language processing deficits are a significant part of their learning problem;
4. language and/or speech therapy for emotionally impaired students whose communicative problems extend beyond the behaviors expected to be directly related to the emotional impairment (consultative services may be the most appropriate delivery system for the pragmatic and semantic language problems experienced by many EI students); or
5. language and/or speech and/or augmentative communication therapy for autistic, physically, or mentally impaired students when speech and/or language performance is delayed or deviant relative to other cognitive and social areas of development.

A comprehensive evaluation is particularly crucial for students with multiple impairments. For example, mentally impaired students may be language or speech delayed with respect to their chronological ages but not delayed with respect to their mental ages. They may, in reality, be expressing

ideas and using language forms commensurate with their reduced cognitive development. It is particularly important to determine whether cognitive development is sufficient to support receptive and expressive language for severely mentally impaired students who are nonverbal.



Depending on the outcome of these considerations, a variety of service options should be available for severely handicapped students. **Supportive consultative services** provided to teachers and parents are often the most appropriate for students who are functioning at prelinguistic cognitive levels or whose limited speech and language skills are commensurate with other abilities. Teachers of the speech and language impaired may be assigned by the district to assist special education teachers with students who can benefit from these supportive consultative services. Since supportive consultative services are provided to special education teachers rather than students, the services are not identified on the handicapped students, IEP.

Cooperative service involving the teacher of the speech and language impaired, special education teacher and aides, the family, and the student is a successful model for students with severe multiple handicaps. In such instances, the IEPC designates the speech and language services to be provided to the student, pursuant to rule 45. The teacher of the speech and language impaired establishes appropriate performance objectives in cooperation with the family and school personnel. The teacher of the speech and language impaired is responsible to see that the objectives are implemented and coordinates services to assure a total approach to the child's communication needs. Parents are encouraged to visit the school periodically so that the teachers of the speech and language impaired can demonstrate the current speech

and language objectives. During these visits progress should be reviewed and the parent should be given the opportunity to practice working with the student. The teacher of the speech and language impaired will also work with the special education teacher and aides to help them implement language improvement skills related to the student's specific objectives as part of their responsibility to carry out a total educational program.

Finally, the traditional manner of services may also be provided to individuals or small groups of students within the classroom by the teachers of the speech and language impaired. A decision-making strategy for determining the appropriate service delivery for severely handicapped students is helpful. A model of such a strategy is presented in Appendix G, (pages 55 to 59).

Severely Language Impaired Classroom Programs

To augment "traditional" service delivery models, Rule 56 has been included in the special education rules to provide parameters to school districts wishing to operate a classroom program for students with severe language problems.

Rule 56. (1) *A public agency may establish classroom programs for severely language impaired persons. Specific requirements for these programs are as follows:*

- (a) *A severely language impaired classroom program conducted by a teacher of the speech and language impaired shall serve only the preprimary or elementary level severely language impaired.*
- (b) *The program shall have not more than 10 students in the classroom at any one time, and the teacher shall have responsibility for the educational programming for not more than 15 different students.*
- (2) *Speech and language impaired persons eligible for this program are those with a severe disability in the comprehension or expression of language as determined through the manifestation of all of the following characteristics which adversely affects educational performance:*
 - (a) *Demonstration of functioning within or above normal intellectual potential as measured by instruments that do not rely exclusively on oral direction or oral expression.*
 - (b) *Test results on not less than 2 standardized assessment instruments or 2 subtests designed to determine language functioning which clearly show language functioning not appropriate for the person's mental age.*
 - (c) *Oral language at less than the expected level based on the person's mental age in not less than 2 of the following areas: phonology, morphology, syntax, semantics, and pragmatics.*
- (3) *A determination of impairment shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team which shall include a teacher of the speech and language impaired and a psychologist.*
- (4) *The severely language impaired program shall not include persons whose language impairment is primarily the result of mental, emotional, hearing, visual, physical, or other health impairments as defined in part I of these rules.*

When a student is being considered for placement in a classroom for the severely language impaired, the special education director, coordinator, or supervisor should assist in assuring that the following multidisciplinary comprehensive evaluation has been completed:

- A. Psychological assessments demonstrating:
 1. Cognitive functioning within or above normal intellectual ability as measured by instruments that do not rely exclusively on oral directions or oral responses.
 2. Psychometric scatter. Although, in most cases verbal scale scores will fall considerably below

performance scale scores on tests such as the WISC-R, some students with oral dyspraxia may show higher verbal scores than performance scores, and yet be eligible for a classroom program.

3. A major discrepancy between some areas of cognitive functioning and some areas of language functioning.
4. Possibly depressed composite intellectual quotients in occasional cases related to the fact that assessment instruments which are frequently used for determining cognitive functioning may reflect the effects of language disabilities. Such results should not be used to exclude students from a severe language impaired program. However, the multidisciplinary evaluation team must strive to rule out mental impairment as the primary cause of a language impairment.

B. Language, speech and hearing assessments demonstrating:

1. Oral/aural language abilities which are clearly below and/or inappropriate for the student's level of intellectual functioning in two of the following areas:
 - Phonological as demonstrated by a recent complete articulation assessment
 - Morphological as demonstrated by a spontaneous language sample
 - Semantic as demonstrated by vocabulary assessment and/or a spontaneous language sample
 - Pragmatic as demonstrated by informal assessment
2. Hearing evaluation



The severely language impaired population is a low-incidence population, and it is difficult, but important, to differentiate severely language impaired students from those with other handicapping conditions (e.g., mental impairment or autism). Severely language impaired students can be expected to demonstrate emotional and learning characteristics secondary to their basic language deficits and classrooms for such students should be designed to accommodate their multiple needs.

Services to Students in Non-Public Schools

Public schools are required to provide auxiliary services to approved non-public schools in their district pursuant to rules governing such provision of service. Approved non-public schools do not include Headstart, private nursery schools or day care centers for pre-primary children. Speech and language service is one of the auxiliary services mentioned in these rules. Services are usually provided on-site at the approved non-public schools. The procedures outlined in these program suggestions are applicable to students enrolled in non-public schools.

Work Setting^e

Rule 33(c) was promulgated to assure the availability of a work space for teachers and other ancillary service personnel. It reads as follows:

- (c) *Teachers providing instructional services and special education ancillary personnel shall have space designated on a scheduled basis in each building to afford individual and small group work.*

In other words, teachers of the speech and language impaired are to have a space that affords privacy and room to teach to the objectives designed for the handicapped student. It is important that this space be in a relatively quiet area with furnishings appropriate for learning. Auditory (and not just visual) division between adjacent work spaces is critical for much of the instructional work provided by teachers of the speech and language impaired.

Teachers of the speech and language impaired who travel between schools should have telephone access, parking privileges, and other conveniences normally afforded teachers working in school buildings.

Another subpart of rule 33 assures the availability of supplies so that teachers can help speech and/or language impaired students meet their performance objectives. The rule reads as follows:

- (i) " *Handicapped persons qualifying for special education programs and services shall be provided with supplies and equipment at least equal to those provided to other students in regular education programs, in addition to, those supplies and equipment necessary to meet their defined performance objectives.*

IEP REVIEW

The fifth step of the process involves reviewing the IEP on at least an annual basis. Each year, an individualized educational planning committee is appointed for each special education student. It is the responsibility of the IEPC members to review the student's level of educational performance yearly, revise each handicapped student's individualized education program and develop a new plan for the coming year. It is not necessary to redetermine eligibility at the annual IEPC meeting. The special education personnel working with a student must provide a description of his/her current level of educational performance. This should describe the student's current level of speech and language performance but typically will not address academic abilities unless the student is in a classroom for severely impaired students or other special education classroom for a portion of the day.

At the IEP review meeting, the goals and instructional objectives developed in the previous year's IEP are reviewed, and those that have not been achieved are continued in the new plan. Additional goals and short-term objectives are added as needed:

It is also the responsibility of the committee to recommend one of the following:

- a. continuation of present program and services
- b. change in program or service (change of status)
- c. return to general education or graduation
- d. additional diagnosis

Termination of Service and Follow-up

When a teacher of the speech and language impaired believes that a student is no longer in need of speech and language instruction, an IEPC meeting must be called in order to consider a change of status. The teacher of the speech and language impaired cannot merely terminate services and inform the parent and school personnel; an IEPC meeting must be held. If the committee concurs that speech and language services are no longer necessary, then the service is terminated.

Each ISD plan outlines the procedures to be used to determine the effectiveness of special education programs and services. This evaluation is conducted by establishing and analyzing a student follow-up system. The district is responsible to utilize the follow-up procedure for all students who are determined no longer eligible for special education. Follow-up does not mean to re-evaluate or to provide any instruction to the ineligible student. For an explanation of the follow-up system consult your ISD plan, section 1.7.

THREE-YEAR RE-EVALUATION

Every three years, each student must have a comprehensive re-evaluation by a MET team to determine if the student still meets the eligibility criteria outlined in the rules. While all evaluations originally performed do not need to be repeated, at a minimum there must be sufficient assessment to evaluate all areas of disability and to provide the information necessary to document eligibility.

The results and recommendations of the MET evaluations are presented at an IEPC meeting by a member of the MET (usually the teacher of the speech and language impaired). At such time, the eligibility of the student is determined, citing the specific disability and rule number. If the student is again determined to be eligible for speech and language services, a new IEP is developed. If he/she is ineligible, the committee indicates the student will be placed full-time in general education and adjourns the IEPC meeting.



PROFESSIONAL QUALIFICATIONS

R340.1796 sets forth the requirements to be a teacher of the speech and language impaired in Michigan's public schools. It follows:

Rule 96. (1) *A teacher of the speech and language impaired shall meet all of the following requirements:*

- (a) *An earned master's degree in speech and language pathology.*
 - (b) *A minimum of 60 semester hours of academic credit in normal aspects of human communication, development thereof, and clinical techniques for evaluation and management of speech and language disorders distributed as follows:*
 - (i) *A minimum of 12 semester hours in courses pertaining to normal development of speech, language, and hearing.*
 - (ii) *A minimum of 30 semester hours in courses on communication disorders and evaluation and management of speech, language, and hearing disorders. Of these 30 semester hours, 24 hours shall be in speech and language pathology and 6 shall be in audiology. Not more than 6 of the 30 semester hours may be earned for clinical practicum.*
 - (iii) *A minimum of 30 semester hours that are acceptable on a graduate level, of which 21 hours shall be within the group specified under paragraph (ii) of this subdivision.*
 - (c) *A minimum of 300 clock hours of supervised practicum experience with persons who present a variety of communication disorders, to be acquired in conjunction with academic training, 150 hours of which shall be obtained on the graduate level.*
- (2) *The state board of education or its designee shall approve as a teacher of the speech and language impaired a person employed or approved as a teacher of the speech and language impaired before the effective date of these rules.*
- (3) *A teacher of the speech and language impaired serving the severely language impaired in a classroom program, as defined in R340.1756, shall be certified at the elementary level.*

The new rules for preparation of teachers of the speech and language impaired were promulgated in 1980 in recognition of the complexities of serving communicatively handicapped students in the schools. In particular, the requirements that students be determined eligible for speech and language programming after comprehensive evaluation, rather than being "certified" as a part of a mass caseload, led to a need for full professional preparation by all teachers of the speech and language impaired. This change, accompanied by a shift in the types and severity of impairments to be served, led to the need for changes in professional qualification requirements in Rule 96.

It is important to note that teachers employed or approved as teachers of the speech and language impaired before August of 1980 do not need to satisfy the requirements of this rule.



SUMMARY

The 1980s present a challenging decade to the teacher of the speech and language impaired. The legal decade of the 1970s will become the service decade of the 1980s. Michigan's communication specialists welcome the opportunity to settle into a decade of improved services to students with communication impairments.

RESOURCES

A number of resources are available to provide additional information or assistance to teachers, parents, and administrators.

Universities can be most helpful in providing inservice education, clinical opportunities, additional evaluation, and research findings.

Organizations, both professional and consumer, can offer information and guidance.

Special Education Learning Materials Centers (SELMC) provide the professional with teaching materials designed for students with unique learning problems.

Intermediate School District personnel can offer information and technical assistance.

Clinics are often available to the public. Genetic clinics, cleft palate clinics, and audiological clinics can provide opportunities for specialists to attend to possible problems.

Camps that serve students with communication impairments may provide an environment conducive to learning to deal with problems in communication.

Governmental Offices may provide technical assistance to citizens regarding rights and resources for handicapped students.

Anyone wishing specific information regarding these resources should address their request to:

Special Education Services Area
Michigan Department of Education
P.O. Box 30008
Lansing, Michigan 48909

APPENDICES



Official Interpretation

R 340.1710-02 I-087 12/17/80 ★

Subject:

Speech and language Services for Bilingual Children

Specific Issue:

What must be considered in determining students from different ethnic or racial groups handicapped as speech and language impaired?

Interpretation:

Students from different ethnic or racial groups are not handicapped solely because their manner of communicating does not conform to the expectations of the standard English speaking community.

There must be an impairment be it articulation, fluency, voice, or language in the native language of the student. If there is no impairment then the child is not eligible as the student simply has not learned to speak English, the teaching of which is not a responsibility of special education personnel. The communication impairment must adversely affect educational performance. If there is an impairment and it does interfere with learning, and if the impairment is not based solely on cultural differences, then the IEPC may determine the child handicapped under R 340.1710. Teachers of the speech and language impaired in the public schools shall teach expressive and/or receptive skills in English.

Summary

Students are eligible for services by a teacher of the speech and language impaired if determined to have a speech or language impairment within their native language, or in English, if such an impairment is present after having been taught to communicate in English by personnel other than special education. The impairment must adversely affect educational performance and must not be based solely on cultural differences.

★ As referenced in Administrative Manual for Special Education.

Some Phonological Features of Black English *

Consonant cluster reduction

TABLE 1. Consonant clusters in which the final member of the cluster may be absent. Where there are no examples under Type I or II, the cluster does not occur under that category.

Phonetic Cluster	Type I	Examples	Type II
(st)	test, post, list		missed, messed, dressed
(sp)	wasp, clasp, grasp		—
(sk)	desk, risk, mask		—
(t)	—		finished, latched, cashed
(zd)	—		raised, composed, amazed
(zd)	—		judged, charged, forged
(ft)	left, craft, cleft		laughed, stuffed, roughed
(vd)	—		loved, lived, moved
(nd)	mind, find, mound		rained, fanned, canned
(md)	—		named, foamed, rammed
(ld)	cold, wild, old		called, smelled, killed
(pt)	apt, adept, inept		mapped, stopped, clapped
(kt)	act, contact, expect		looked, cooked, cracked

The th- sounds

1. Word initial: d/th; t/th
2. Within a word: f/th; v/th; followed by nasal is produced as /t/.
3. Word final: f/th predominant production.

The /r/ and /l/

1. After a vowel /l/ becomes /ʌ/; Preceding a consonant /r/ and /l/ are absent.
2. Between vowels /r/ and /l/ may be absent.
3. After initial consonants /r/ may be absent.

Final /b/, /d/ and /g/

1. Devoiced at the end of syllables.
2. Deletion of /d/ in some instances when followed by a consonant.

Nasalization

1. The use of -in for the -ing suffix.
2. Use of nasalized vowel instead of nasal consonant at the end of syllables.
3. Before a nasal consonant /ɪ/ and /e/ do not contrast (as in other dialectal varieties of standard English).

Vowel glides

1. The vowel glides as in /eɪ/ are generally pronounced as /a/ (also found in standard varieties of Southern speech).

(* These features are not necessarily typical of all black students, however, they will be present in some segments of black culture.)

Source: Nikola W. Nelson,
Western Michigan University

Spanish Influence Characteristics

The following are some of the language usage and pronunciation forms which may be commonly noted in the speech of the Mexican-American or other Spanish/English speaking student:

Usage:

1. Use of the double negative. *I don't see nobody.*
2. Use of the double comparison. *My brother is more taller.*
3. Double marking of the past tense on past participle (irregular form). *He should have went.*
4. Consistent uninflected use of the third person singular, present tense (irregular form). *He come to school late.*
5. Use of the double subject. *My father he is home.*
6. Addition of regular /-s/or/-z/ to irregular possessive forms. *He took mines and his.*
7. Addition of a regular /-s/, /-z/ or /-ez/ ending to irregular plural forms. *The mens came to work on time.*

Pronunciation:

1. Over-pronunciation. *talk-ed, jumpt-ed, lis-ten, sof-ten.*
2. Un-pronounced final endings. *jumpin', firs', mos'.*
3. Shifted syllable accent. *perfec'ly, pos'office.*
4. Articulatory changes as represented by the following examples:
 - a. *mees* for *miss*
 - b. *brauther* for *brother*
 - c. *share* for *chair*
 - d. *rread* for *read*
 - e. *Espanish* for *Spanish*
 - f. *berry* for *very*
 - g. *rice* for *rise*
 - h. *cahp* for *cap*
5. Omission or "softening" of tongue-tip sounds (t, d, th) in the medial position. *Too pick, kin ly.*
6. The use of words which are a combination of English and Spanish but, as used, are not true words of either language. *Marketa, watcho, pushar, carro.*

Optional Summary Checklist

Child: _____ Age: _____ Date: _____

Problem: _____

Therapist: _____ School: _____

The following items that are checked relate to this student's speech, language, or hearing problem and its relativity to educational performance (inclusive of social adjustment).

Please check if applicable:

- ☐ 1. See the attached teacher checklist.
- ☐ 2. See attached teacher's statement.
- ☐ 3. See attached principal's statement.
- ☐ 4. See the therapist's observation report.
- ☐ 5. See the therapist's attached statement.
- ☐ 6. The parent(s) of this student have voiced their feelings and concern about their child's speech, language or hearing problem and it's effect on them and/or their family.
- ☐ 7. The parents have said that their children's speech, language or hearing problem makes it difficult for them to communicate with their child.
- ☐ 8. This student knows he/she has a speech, language or hearing problem, talks about it, and is concerned about it.
- ☐ 9. This student has experienced peer ridicule because of the speech, language, or hearing problem.
- ☐ 10. The student's speech, language, or hearing problem occurs within the following educational areas, (e.g., spelling, concept work, reading, listening skills, auditory memory, math concepts, etc): _____
- ☐ 11. The student's speech, language or hearing problem interferes with intelligibility of his/her speech.
- ☐ 12. This student's speech, language, or hearing problem distracts the listener from "what" he/she is saying.
- ☐ 13. This student appears frustrated when trying to speak.
- ☐ 14. This student has a hearing acuity problem.
- ☐ 15. The student has a problem with receptive/comprehension language skills (concept work).
- ☐ 16. The student has a problem with expressive language skills.
- ☐ 17. This student loses his/her voice during the day.
- ☐ 18. This student has trouble following auditory directions.
- ☐ 19. This student has a poor auditory memory: (a) can't remember homework assignments (b) can't remember directions given in the class (c) poor speller.
- ☐ 20. This student has poor listening skills (cannot attend well auditorily).
- ☐ 21. This student's reading and/or spelling skills reflect their articulation errors.
- ☐ 22. The student's vocabulary is not adequate for his/her age.
- ☐ 23. The student's grammar (syntax) is not adequate for his/her age.
- ☐ 24. This student uses sentence lengths that are short — not of adequate length for the student's age.
- ☐ 25. This student does not offer to recite in class or will not recite in class or avoids reciting in class.
- ☐ 26. Other: _____

Classroom Performance Data — General Checklist*

Student: _____ Date: _____

Teacher: _____ Grade: _____

Please observe _____ in your class and answer the following questions. Your observations will help to determine if this child's communication problem is affecting his/her educational performance. Thank you.

	Yes	No
1. Does this student avoid speaking in class?	<input type="checkbox"/>	<input type="checkbox"/>
2. If this student is young, does he/she communicate with a lot of gestures instead of speech?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does this student seem frustrated when trying to speak?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does this student speak in complete sentences?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do peers tease this student about his/her communication problem?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is this student's auditory discrimination adequate for sounds and words?	<input type="checkbox"/>	<input type="checkbox"/>
7. If this student's problem is articulation, does he/she correct any of the errors himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>
8. If the student's problem is articulation, does he make errors in writing on the same symbols that he makes errors on in articulation? (example: spelling)	<input type="checkbox"/>	<input type="checkbox"/>
9. If the student's problem is articulation, do most of his/her mispronunciations during oral reading occur on the articulation error sounds?	<input type="checkbox"/>	<input type="checkbox"/>
10. If the student has an articulation problem, is his/her intelligibility reduced to the extent that you find it difficult to understand what he/she says?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is this student better in silent reading than in oral reading?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is this student's grammar (syntax) adequate for his/her age?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are the student's average sentences short (4 words or less)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does this student appear to be an underachiever?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you feel comfortable when you try to communicate with this student?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does this student's voice quality make it difficult to understand the content of his/her verbal message?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does this student lose his/her voice during or by the end of the day?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is this student able to project loud enough to be adequately heard in the classroom during recitation?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does the student have difficulty with the fluency (hesitation or prolongations) of his/her speech?	<input type="checkbox"/>	<input type="checkbox"/>
20. If the student has fluency problems, does this make it difficult for you to understand what he/she is saying?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does this student appear to always place one specific ear toward the teacher or other source of sound?	<input type="checkbox"/>	<input type="checkbox"/>
22. Does this student appear to have more difficulty in understanding material that is presented through the auditory channel than through the visual channel?	<input type="checkbox"/>	<input type="checkbox"/>
23. Does this student have trouble spelling words that are dictated to him/her?	<input type="checkbox"/>	<input type="checkbox"/>
24. Does this student leave out words when asked to repeat a number of words or sentences?	<input type="checkbox"/>	<input type="checkbox"/>
25. Does this student appear to concentrate on the speaker's lips when listening?	<input type="checkbox"/>	<input type="checkbox"/>
26. Is this student aware of his/her communication problem?	<input type="checkbox"/>	<input type="checkbox"/>
27. Are there any other observations relating to communication skills that you would like to comment on regarding this student? _____	<input type="checkbox"/>	<input type="checkbox"/>

Classroom Teacher Signature _____

INFORMATION SOURCE
Linda Messing Grispinn
Regional Supervisor
Western Cuyahoga County
November, 1979

* This checklist may be adapted to meet districts' needs. Additional questions may be added or items above deleted.

Fluency Checklist *

Student: _____ Date: _____

Teacher: _____ Grade: _____

Please fill out this form and return it to the teacher of the speech and language impaired. Your observations will help the therapist determine if this child's communication problem is affecting his/her educational performance. Thank you.

	Yes	No
1. Does this student have a reduced verbal output?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does this student appear to avoid talking in class?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel this elementary student is delayed in language skills?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does this student use significantly more one-word responses (ex. twice as many) than the other students in your class?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does this student appear to dislike reading outloud?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is this student delayed in reading skills?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does this student correct or revise his/her verbal reading errors as often as the other students in your class revise their reading errors?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does this student have problems remembering and correctly repeating a sequence of words, ideas, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you think this student knows he/she is having problems when he speaks?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has this student ever talked to you about his/her speech problem?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have either of the student's parents talked to you about his/her fluency problems?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do classmates make fun of this student because of his/her fluency problems?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you heard anyone call him/her a stutterer?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does this student's speech problem make it difficult to understand the content of his/her speech?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does this student's fluency problem distract you sometimes from <i>what</i> he/she is saying?	<input type="checkbox"/>	<input type="checkbox"/>

Classroom Teacher Signature

* This checklist may be adapted to meet districts' needs. Additional questions may be added or items above deleted.

Voice Checklist *

Student: _____ Date: _____

Teacher: _____ Grade: _____

Please fill out this form and return it to the teacher of the speech and language impaired. Your observations will help the therapist determine if this child's communication problem is affecting his/her educational performance. Thank you.

	Yes	No
1. Is this student able to project loudly enough to be adequately heard in your classroom during recitations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does this student avoid reading out loud in class?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does this student appear generally to avoid talking in your classroom?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does this student ever lose his/her voice by the end of or during the school day? If so, when? _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Does this student use an unusually loud voice or shout a great deal in your classroom?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does this student engage in an excessive amount of throat clearing or coughing? If so, which? _____ If so, does it appear to disturb the other students (ex. their concentration, listening)? _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Is this student's voice quality worse during any particular time of the day? If so, when? _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Does this student's voice quality make it difficult to understand the content of his/her speech?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does this student's voice quality in itself distract you sometimes from <i>what</i> he/she is saying?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has this student ever mentioned to you that he/she thinks he/she has a voice problem?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have this student's parents ever talked to you about this student's voice?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever heard any of his/her peers mention that his/her voice sounds funny or actually make fun of this student because of his/her voice problem?	<input type="checkbox"/>	<input type="checkbox"/>
13. If this student has a pitch problem (too low or too high), does his/her pitch make it difficult to identify him/her as correspondingly male/female just by listening?	<input type="checkbox"/>	<input type="checkbox"/>
14. During speaking, does this student's voice break up or down in pitch to the extent that he/she appears to be embarrassed by this?	<input type="checkbox"/>	<input type="checkbox"/>

Classroom Teacher Signature

* This checklist may be adapted to meet districts' needs. Additional questions may be added or items above deleted.

Articulation Checklist *

Student: _____ Date: _____

Teacher: _____ Grade: _____

Please fill out this form and return it to the teacher of the speech and language impaired. Your observations will help the therapist determine if this child's communication problem is affecting his/her educational performance. Thank you.

	Yes	No
1. If this student is older (4th grade and up) are his/her language comprehension skills below average?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does this student use shorter sentences than the other students in your class?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does this student have problems with grammar usage?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does this student have a lot of pronunciation/enunciation errors?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does this student make errors in writing (spelling) on the same sound symbols that he makes the verbal errors on in articulation?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is this student's intelligibility reduced (due to articulation errors) to the extent that you find it difficult to understand when he/she says at times?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does this student appear to avoid speaking in class?	<input type="checkbox"/>	<input type="checkbox"/>
8. If this student is young, are or were his/her reading readiness skills poor?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does this student read well (verbally)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is this student's oral reading rate slow?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do most of this student's mispronunciations during reading occur on the articulation error sounds?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the student better in silent reading than in oral reading?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the student have problems in speech sound discrimination?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you ever hear this student correct his articulation errors by himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is this student aware of his/her communication problem?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does this student appear to be a social isolate?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does this student's speech problem distract you sometimes from <i>what</i> he/she is saying?	<input type="checkbox"/>	<input type="checkbox"/>

Classroom Teacher Signature

INFORMATION SOURCE
Linda Messing Grispino
Regional Supervisor
Western Cuyahoga County

* This checklist may be adapted to meet districts' needs. Additional questions may be added or items above deleted.

Teacher Information Checklist* — Hearing

Student: _____ Date: _____

Teacher: _____ Grade: _____

Please fill out this form and return it to the teacher of the speech and language impaired. Your observations will help determine if this child's communication problem is affecting his/her educational performance. Thank you.

1. How would you rate this child's general performance in your class? (please check one):
Above Average _____; Average _____; Below Average _____

2. Please rate this child in the following areas and abilities: (Check Yes or No)

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Has he/she ever appeared embarrassed by his/her hearing problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have other children ever made fun of her/him because of the hearing problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have his/her parents ever said anything to you about a hearing problem or loss? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Has he/she ever mentioned his/her problem hearing to you? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does he/she play with other children an average amount of time? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Does he/she appear to daydream a lot of the time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does he/she seem to pay attention better in the morning than in the afternoon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does he/she seem to watch your face and lips a lot? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does he/she seem to have more difficulty working when the class is noisy compared to when the class is fairly quiet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does he/she often ask you to repeat directions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you often see him/her asking another child what the assignment is or how to do an assignment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does he/she complete most of the assignments you give on time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you often notice he/she appears tired (ex.: head down on desk, head resting on hand, can't keep eyes open) etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Please rate the following skills on a continuum from 1 through 4 (circle one) EXCELLENT — 1; GOOD — 2; FAIR — 3; POOR — 4 | | |
| How well does he/she follow directions? 1 2 3 4 | | |
| Does he/she keep his/her place in a book while reading etc? 1 2 3 4 | | |
| How is his/her attention span for an average day's length? 1 2 3 4 | | |
| Does he/she join in classroom discussions? 1 2 3 4 | | |
| Does he/she volunteer to answer questions in your class? 1 2 3 4 | | |
| 11. Where does he/she sit in your class (front, back, side)? _____ | | |
| 12. Have you ever had a child with a hearing loss or a hearing aid in your class before? _____ | | |

Classroom Teacher Signature

INFORMATION SOURCE:
Linda Messing Grisplio
Regional Supervisor
Western Cuyahoga County
November, 1979

* This checklist may be adapted to meet districts' needs. Additional questions may be added or items above deleted.

Language and Auditory Perceptual Checklist *

Student: _____ Date: _____

Teacher: _____ Grade: _____

Please fill out this form and return it to the teacher of the speech and language impaired. Your observations will help the therapist determine if this child's communication problem is affecting his/her educational performance. Thank you.

	Yes	No
1. Is this student aware of his/her communication problem?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does this student speak in complete sentences?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is this student's ability to generalize limited?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is this student's grammar (syntax) adequate for the age?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the student's average sentences short (4 words or less)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is this student's auditory discrimination adequate?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is this student's vocabulary restricted for the age?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is this student a poor reader?	<input type="checkbox"/>	<input type="checkbox"/>
9. If this student makes oral reading substitution errors, are they of the grammatical (syntactic) type?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is this student usually able to follow your oral directions?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does this student usually need oral directions repeated?	<input type="checkbox"/>	<input type="checkbox"/>
12. This student does not learn readily even when things are repeated many times.	<input type="checkbox"/>	<input type="checkbox"/>
13. Is this student able to listen to a story and interpret the meaning?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the student demonstrate effective listening skills?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does this student have trouble blending sounds together to form a word?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does this student have a poor auditory memory for numbers, sounds, connected speech or stories?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does this student have difficulty remembering names, dates, times, places?	<input type="checkbox"/>	<input type="checkbox"/>
18. Does this student appear to focus on only part of what is said, and therefore sometimes misinterpret information?	<input type="checkbox"/>	<input type="checkbox"/>
19. Is this student aware of his/her communication problem?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do peers tease this student about his/her communication problem?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you feel comfortable when you try to communicate with this student?	<input type="checkbox"/>	<input type="checkbox"/>
22. Is this student easily distracted by extraneous noises in the classroom, next door, outside?	<input type="checkbox"/>	<input type="checkbox"/>
23. Does this student have any fluency problems?	<input type="checkbox"/>	<input type="checkbox"/>
24. Does this student appear to have poor word attack skills?	<input type="checkbox"/>	<input type="checkbox"/>
25. Does this student have trouble in learning math skills and math concepts that are only presented visually (reading)?	<input type="checkbox"/>	<input type="checkbox"/>
26. Does this student have trouble in learning math skills and concepts that are presented when both auditory and visual stimuli are given?	<input type="checkbox"/>	<input type="checkbox"/>
27. Does this student have trouble in finding or understanding the humor in funny stories?	<input type="checkbox"/>	<input type="checkbox"/>
28. Does this student have difficulty in completing simple sentences or story endings?	<input type="checkbox"/>	<input type="checkbox"/>
29. Do you have any other observations relating to communication/language skills for this student?		

Classroom Teacher Signature _____

INFORMATION SOURCE:
Linda Messing Grispio
Regional Supervisor
Western Cuyahoga County
November, 1979

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Maturational Ages for Speech Sounds

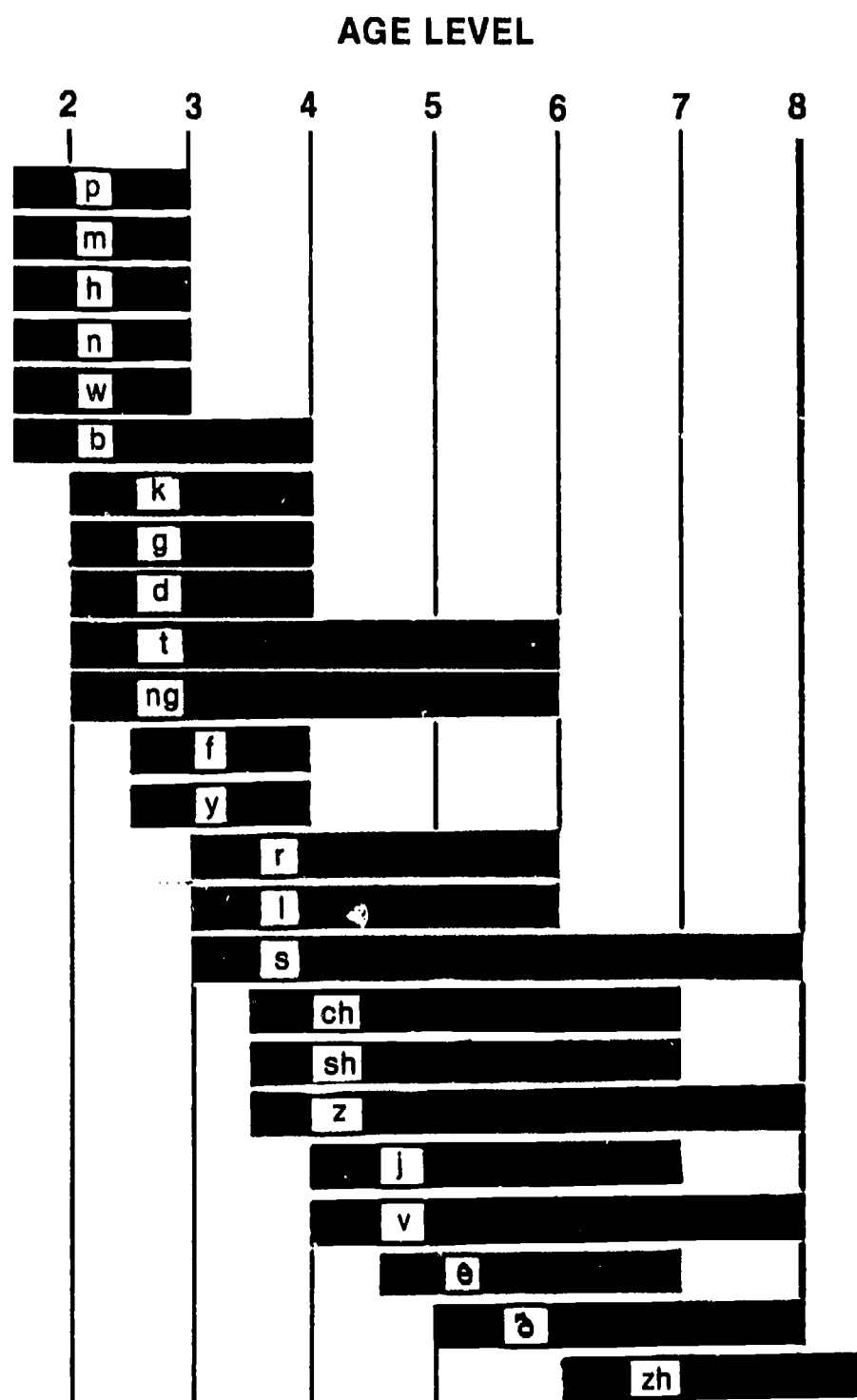


Figure 1. Average age estimates and upper age limits of customary consonant production. The solid bar corresponding to each sound starts at the median age of customary articulation; it stops at an age level at which 90% of all children are customarily producing the sound. (From Templin, 1957; Wellman et al., 1931.)

Evaluation Materials

Language Structure

Phonology : Speech Sounds

Morphology : Word forms,
tenses, plurality
possessives, comparatives,
pronouns, prefixes and
suffixes

AND

Syntax : Word order,
phrase, structure,
transformations

Semantics : Word meaning,
Vocabulary (choice, variety
and number)
Concepts (classifications,
relational & logical)

Tests

- a. McDonald's Deep Test of Articulation & Screening*
 - b. Fisher-Logemann Test of Articulation
 - c. Goldman-Fristoe Articulation Test*
 - d. Templin-Darley Screening and Diagnostic Tests*
 - e. Goldman-Fristoe-Woodcock Test of Auditory Discrimination*
 - f. Wepman Test of Auditory Discrimination
 - g. Arizona Articulation Proficiency Scale*
 - h. Denver Articulation Screening Examination*
 - i. Predictive Screening Test of Articulation — Van Riper and Erickson*
 - j. Stephens Oral Language Screening Test (SOLST)*
 - k. Riley Articulation and Language Test: Revised
-
- a. Berko's Test of English Morphology (Morph.)
 - b. Berry-Talbot Comprehension of Grammar (Morph.)
 - c. Carrow's TACL — Test for Auditory Comprehension of Language (Morph. & Syn.)*
 - d. Carrow's Elicited Language Inventory — CELI (Morph. & Syn.)
 - e. Menyuk's Evaluation of Grammatical Capacity
 - f. Lee's NSST — Northwestern Syntax Screening Test*
 - g. Bellugi-Klima's Grammatical Comprehension Test (Morph. & Syn.)
 - h. ITPA-Grammatic Closure Sub-test (Morph. & Syn.)*
 - i. Analysis of Spontaneous Language Samples:
MLU, Brown; DDS, Lee*; Tyack & Gottsleben;
Boxx (Morph. & Syn.).
 - j. Bankson's Screening Test of Language (Morph. & Syn.)*
 - k. The Token Test and The Reporter Test (Morph. & Syn.)*
 - l. The Token Test for Children (DiSimoni)*
 - m. WHEEL-Ward Heasley Evaluation of Expressive Language (Morph. & Syn.)*
 - n. Foster, Giddan & Stark's ACLC — Assessment of Children's Comprehension (Syn.)
 - o. MacDonald's Environmental Language Inventory (Syn.)
 - p. Miller & Yoder, Test of Grammatical Comprehension
 - r. Oral Language Sentence Imitation Screening Test (OLSIST) and Oral Language Sentence Imitation Diagnostic Inventory (OLSIDI) (Zachman, et al.)
 - s. Structured Photographic Language Test (SPLT) (Werner and Kresheck)*
-
- a. PPVT: Peabody Picture Vocabulary Test Revised (Dunn)*
 - b. WISC: Vocabulary & Similarities subtest*
 - c. Binet: Vocabulary subtest*
 - d. ITPA: Auditory reception*
Visual reception*
Verbal expression*
Manual expression*
Auditory vocal association*
Visual Motor association*
 - e. Action-Agent Test (Gesell)
 - f. Blank, Rose & Berlin's Preschool Language Assessment Inst.
 - g. Foster, Gidan & Stark's ACLC — Assessment of Children's Language Comprehension
 - h. The Basic Concept Inventory (Engleman)
 - i. Boehm Test of Basic Concepts (Boehm)*

**Broad : Comprehensive
modality processing**

- j. Analysis of Spontaneous Language Samples
- k. Selected Items for Peabody Language Development kits
- l. The Token and The Reporters Test (Denver)*
- m. The Token Test for Children (DiSimonl)*
- n. Bankson Language Screening Test*
- o. Bang's Vocabulary Comprehension Scale
- p. MacDonald's Environmental Language Inventory
- q. Expressive One Word Picture Vocabulary Test (Gardner)*
- r. The WORD Test — expressive vocabulary assessment
- s. Test of Concept Utilization (Crager & Spriggs)*
- a. Preschool Language Scale (Zimmerman, et al.)*
- b. Houston Test for Language Development (Crabtree)
- c. Utah Test of Language Development (Mecham et al.)
- d. Verbal Language Development Scale (Mecham et al.)*
- e. PICAC: Pouch Index of Communicative Ability in Children
- f. Hedrick, Prather & Tobin's SICD: Sequenced Inventory of Communication Development*
- g. MacDonald's Environmental Prelanguage Battery
- h. Newcomer & Hammill's TOLD (Test of Language Development)*
- i. Test of Adolescent Language (TOAL) (Hammill et al.)*
- j. Screening Test of Adolescent Language (Prather et al)
- k. D.T.L.A. (Detroit Test of Learning Aptitude; Baker & Leland)*
- l. Illinois Children's Language Assessment Test (Arlt)
- m. Meeting Street School Screening Test
- n. Semel & Wiig's CELF — Clinical Evaluation of Language Functions (Screening & diagnostic versions)*
- o. Brigance Inventories of: Early Development, Basic skills, & Essential skills
- p. Bzoch-League REEL — Receptive Expressive Emergent Language Scale
- q. Bang's Birth to Three Developmental Scale, Teaching Resources
- r. Denver Developmental Screening Test (DDST) (Frankenburg and Dodds)

**Pragmatics : Functional
Language assessment**

Assessing the child's use of language with others in the environment involving such abilities as:

- 1) Greetings and social exchanges
- 2) Verbal turn-taking
- 3) Giving information; commenting
- 4) Responding to questions
- 5) Requesting information or action
- 6) Sustaining a topic
- 7) Describing objects or events
- 8) Expressing feelings
- 9) Using indirection; hints
- 10) Ability to think about language and comment on it
- 11) Using slang
- 12) Processing and using abstractions
- 13) Comprehending and using gestures and facial expressions accurately

Blank, Rose & Berlin's Preschool Language Assessment Instrument

***Standardized Tests**

A partial list of language evaluation devices Nickola W. Nelson, Berrien Co. Intermediate School District adapted from David Yoder, University of Wisconsin-Madison Additions by E.L. Lockwood, Wayne Co. I.S.D.

A "Bibliography For Assessment materials of Language Behavior" is available from Dr. Richard Baldwin, Michigan Department of Education, Special Education Services Area, Box 30008, Lansing, MI 48909.

Articulation Evaluation Worksheet

Student: _____ Age: _____ Date: _____
 School/Teacher: _____ Therapist: _____

Results of a validated articulation test, and observations of the student's conversational speech would supply evidence of the student's eligibility for articulation therapy.

There are two ways to qualify for an articulation impairment.

- (1) A CHILD SHOULD BE BEYOND THE EXPECTED AGE OF MATURATION FOR A SOUND.

AGE (Years) SOUNDS MASTERED (Circle all articulation errors)

3½	/p/, /b/, /m/, /w/, /h/, all vowels
4½	/t/, /d/, /n/, /g/, /k/, /ng/, /y/
5½	/f/
6½	/v/, /zh/, /sh/, /l/,
7½	/z/, /s/, /r/, /th/, /ch/, /j/

If a child has a single sound error after 7½ years of age, generally a two (2) year delay is considered significant. The severity of the /s/ and /r/ error in conversational speech **may** qualify the student for services by third grade providing the error is adversely affecting the student's communication skills.

STIMULABILITY (Scoring: + Yes - No)

Misarticulations Leading to Eligibility	STIMULABILITY			Comments (in- adequate oral structure, hear- ing, fine motor, etc.)
	Isolation	Single Words	Connected Speech	
_____	_____	_____	_____	_____

- (2) OR A SCORE OF 3 OR 4 ON THE INTELLIGIBILITY RATING SCALE WOULD ALSO QUALIFY A STUDENT FOR AN ARTICULATION IMPAIRMENT.

INTELLIGIBILITY RATING	STIMULABILITY			
	1	2	3	4
	Easily Understood	Understood in spite of misarticulations	Difficult to understand; isolated words, inflection and contextual clues understood.	Cannot Understand
_____	_____	_____	_____	_____

Students are not eligible whose primary articulation need is based on delayed maturation and development, dialect, bilingualism or a myofunctional (tongue thrust) disorder.

Determination of an articulation impairment shall not be based solely on behaviors relating to environmental, cultural, or economic differences.

Voice Evaluation Worksheet

Student: _____ Age: _____ Date: _____

School/Teacher: _____ Therapist: _____

VOCAL CHARACTERISTICS ✓ if present	CONNECTED SPEECH	SINGLE WORDS	ISOL. VOWELS	OTHER: reading, counting, shouting, laughing, singing/ humming, altered head/neck posture, etc.
APHONIA absence of vocal sound				
PHONATION BREAK temporary loss of voice while speaking				
GLOTTAL SQUEAK				
PITCH BREAK pitch breaks upward or downward one octave				
FALSETTO REGISTER				
DIPLOPHONIA two pitches simultaneously				
EXTREMELY LIMITED PITCH VARIABILITY				
NASALITY Hypernasality (vowels) _____ Nasal emission (consonants) _____ Assimilated nasality _____ nasality on vowels adjacent to /m/, /n/, /ng/				
PHONATION ON INHALATION				
✓ If any of the following occur in excess *				
AIR WASTAGE breathiness				
ABRUPT INITIATIONS hard attacks				
GLOTTAL CLICKING				
VOCAL FRY rhythmic "popping" sound				
DENASAL				
HABITUAL PITCH TOO HIGH				
HABITUAL PITCH TOO LOW				
INAPPROPRIATE VOCAL INTENSITY Weak _____ cannot be heard Loud _____				

FURTHER OBSERVATIONS

coughing/throat clearing ____

marked neck muscle activity

during phonation ____

marked upward or downward

excursion of the larynx

during phonation ____

☐ Taped sample of voice obtained. Date: _____

This form was developed at Western Michigan University by R. L. Erickson and then refined by Cynthia Cox (Kalamazoo Public Schools), Kay Davis (Kalamazoo Valley Intermediate School District), and R. Erickson.

Stuttering Evaluation Worksheet

Student: _____ Age: _____ Date: _____

School/Teacher: _____ Therapist: _____

BEHAVIOR CHARACTERISTICS ✓ if present	DESCRIPTION	FREQUENCY (no./100 words)	SEVERITY
			(1) slight (2) moderate (3) severe
STUTTERING			
Repetitions _____	word _____ syllabic _____ phonemic _____	(no./word)	
Prolongations _____	syllabic _____ vocalic _____ consonant _____		
	duration _____		

VERBAL SPEECH MODIFIERS

Abnormal rate _____
 Change in pitch _____
 Glottal Fry _____
 Retrials _____
 Starters _____
 Postponement _____
 Schwa vowel _____
 Inappropriate articulatory
 postures _____
 Other _____

NON-VERBAL BEHAVIORS

Eye blinks _____
 Lack of eye contact _____
 Tremors _____
 Facial contortions,
 extraneous body
 movements _____
 Breathing Irregularities _____
 Other _____

OTHER OBSERVATIONS

Frustration _____
 Avoidance _____
 Feared sounds _____
 words _____
 situations _____
 Communication stress _____
 Listener loss _____
 interruptions _____
 questions _____
 Other _____

[] Taped speech sample obtained

Date: _____

Language Evaluation Worksheet

Student: _____ Age: _____ Date: _____

School/Teacher: _____ Therapist: _____

Assessment should consider receptive, integrative and expressive skills in the areas of phonology, morphology/syntax, semantics and pragmatics (functional language effectiveness). Not less than 2 standardized tests or subtests measuring different functions of language are required for certification.

DATE GIVEN	TEST	PERCENTILE	SCALED SCORE*
_____	Test of Auditory Comprehension of Language (Carrow) (3-6.11)	16/2 _____	
_____	Bankson (4.1 to 8.0)	16/2 _____	
_____	Preschool Language Scale (1-7) Auditory Comprehension Age Verbal Ability Age		L.A. 1 yr. below C.A. _____ _____
_____	Boehm (K to 2nd)		K 23/10 1 37/27 2 44/37
_____	Peabody Picture Vocabulary (2.6-40)	16/2 _____	
_____	Test of Language Development (TOLD) (4.0-8.11) Picture Vocabulary Oral Vocabulary Grammatical Understanding Sentence Imitation Grammatical Completion		LQ 85/70 7/4 _____ 7/4 _____ 7/4 _____ 7/4 _____ 7/4 _____
_____	Northwestern (NSST) (3 to 7.11) Receptive Expressive Other	10/2 _____ 10/2 _____	

Language Sample or Spontaneous Talk Sample is Required.

- (1) Further language assessments and observations may be used for complete assessment.* Percentile scores or other scoring must fall **BELOW** listed cut-off scores. The first score indicates the student qualifies as language impaired. The second score indicates a severe language impairment.
- (2) Students are not certifiable whose primary language need is based on delayed maturation and development, dialect or bilingualism.
- (3) Mentally impaired children may be language or phonemically delayed with respect to their chronological age, but not delayed with respect to their mental age. Generally, these students need a daily language curriculum provided by the classroom teacher in consultation with the teacher of speech and language impaired.

Severity Rating Criteria (for students with normal intellectual ability)

0 to 4 years

4 to 26 years

LANGUAGE

MILD	0-6 mo. deficit below C.A. on two or more standardized language evaluation instr. and/or devel. seq. inventories	6-12 mo. deficit on two or more standardized language evaluation instr. or on two or more subtests when compared to cognitive performances.
MODERATE	6-12 mo. deficit below C.A. on above.	1-2 year deficit compared to cognitive performance level on above.
SEVERE	12 mo. or more deficit below C.A. on above.	2 year or more deficit compared to cognitive performance level on above.

ARTICULATION

MILD	0-6 mo. delay in acquiring the artic. behaviors expected for C.A. as documented by standardized developmental sequenced inventory.	1-3 consistent sound substitutions and/or distortions beyond the age at which maturation would be expected to eliminate the deviation on standardized artic. eval. instruments.
MODERATE	6-12 mo. or more delay as measured above.	1 or more consistent omissions and three or more consistent substitutions and/or distortions, as above. Marginally intelligible to lay public.
SEVERE	12 mo. or more delay as measured above.	Multiple articulation omissions, substitutions and/or distortions, as above. Largely unintelligible to lay public.

VOICE

MILD	Score in mild range on accepted voice severity scale.	Score in mild range on accepted voice severity scale.
MODERATE	Score in moderate range on above.	Score in moderate range on above.
SEVERE	Score in severe range on above.	Score in severe range on above.

FLUENCY

MILD	Fail within a primary stuttering classification (VanRiper) or its equivalent (e.g. Bloodstein).	Fail within a primary stuttering classification (VanRiper) or its equivalent (e.g. Bloodstein).
MODERATE	Fail within a transitional stuttering classification, as above.	Fail within a transitional stuttering classification, as above.
SEVERE	Fail within a secondary stuttering classification, as above.	Fail within a secondary stuttering classification, as above.

The following process should be utilized when rating students with more than one handicapping condition qualifying him/her for services.

- A. When a student is identified as having two mild impairments, (i.e., a mild articulation deficit and a mild language impairment, the rating would be a moderately impaired).
- B. When a student is identified as having two moderate impairments, (i.e. a moderate articulation deficit and a moderate language impairment, the rating would be severely impaired).
- C. When a student is identified as having two or more severe impairments, (i.e. a severe articulation deficit and a severe language impairment, the rating would remain severely impaired).

A DECISION MAKING STRATEGY FOR SEVERELY HANDICAPPED STUDENTS

A MODEL FOR DETERMINING APPROPRIATE COMMUNICATIVE SERVICES FOR PHYSICALLY AND/OR MENTALLY HANDICAPPED CHILDREN

This is a decision-making strategy for determining appropriate speech and language services for severely handicapped students. It is based on Piaget's stages of cognitive development.

The first form is a Summary Chart which is used to indicate the student's present level of functioning in the four developmental areas: cognition, receptive language, expressive language and social interactions/play. A copy is made for each student and the four columns are shaded in to develop a profile of his current behavior. (A four page reference chart, not reproduced here, is available which provides more details regarding specific behaviors characteristic of each level of development in the four areas.)

The second form is the Placement Decision Chart which bases the decision of what program/service model is appropriate on the results of the individual summary chart comparing the students' levels of functioning in the four areas. Each decision leads to a specific method of implementation and also includes integration into the home.

The third form is the Augmentative Communication Chart which provides a method for determining when and if a student needs an augmentative communication method and if so, the selection of the system appropriate to his needs and abilities.

Summary Chart

Name: _____ BD: _____ Speech-Language Clinician: _____

Date: _____ Classroom Teacher: _____

COGNITIVE BASES	RECEPTIVE LANGUAGE	EXPRESSIVE LANGUAGE	SOCIAL INTERACTION & PLAY
PreIntentional (Birth to 8 months) Sensorimotor 1, 2, 3, Infant moves from being purely reflexive to showing the initial beginnings of goal oriented behavior Developing object permanence	Startles to sound Turns to sound Reacts to human voice Responds to tone of voice	Cry Reflexive Vocalizations	Engages in interaction Maintains interaction Initiates interaction Indicates preference for familiar people and objects
Early Intentional (8 to 12 months) Sensorimotor 4 Uses familiar means to achieve novel ends	No word comprehension yet Imitates ongoing action Looks where parent looks	Differentiated cries Syllabic babbling	Plays nursery games Plays with toys
Late Intentional (12 to 18 months) Sensorimotor 5 Invention of new means to achieve familiar ends	Responds appropriately to single words in context	Hi/bye routines First words Words used as 'perforatives' (to manipulate environment)	Solitary or onlooker play Hugs doll, pulls toy
Representational (18 to 24 months) Thought Sensorimotor 6 Begins symbolic thinking	Understands words without context (points to pictures) Follows 2 word commands	Novel one word utterance Asks "What's that?" Onset of 2 word utterances	Parallel play
Early Preoperations (2 to 3½ yrs.) Thought is preconceptual Inference is sometimes but not always correct	Begins to understand Wh- questions Answers yes/no questions	Two word utterances Basic sentences develop Morphological markers develop	Symbolic play
Late Preoperations (3½ to 7 yrs.) Beginning of intuitive thought Problem solves by trial & error (not always correct)	Points to pictures representing sentences Uses word order to understand agent object relationships	Uses compound and complex sentences Uses language to relate experiences Talks about remote experiences Adequate voice, articulation, fluency	Plays in small groups
Concrete Operations (7 to 12 yrs.) Classifies on 2 characteristics	Understands conditional causal sentences	More clauses per sentence Uses language to converse, persuade, tease	Genuine cooperative play

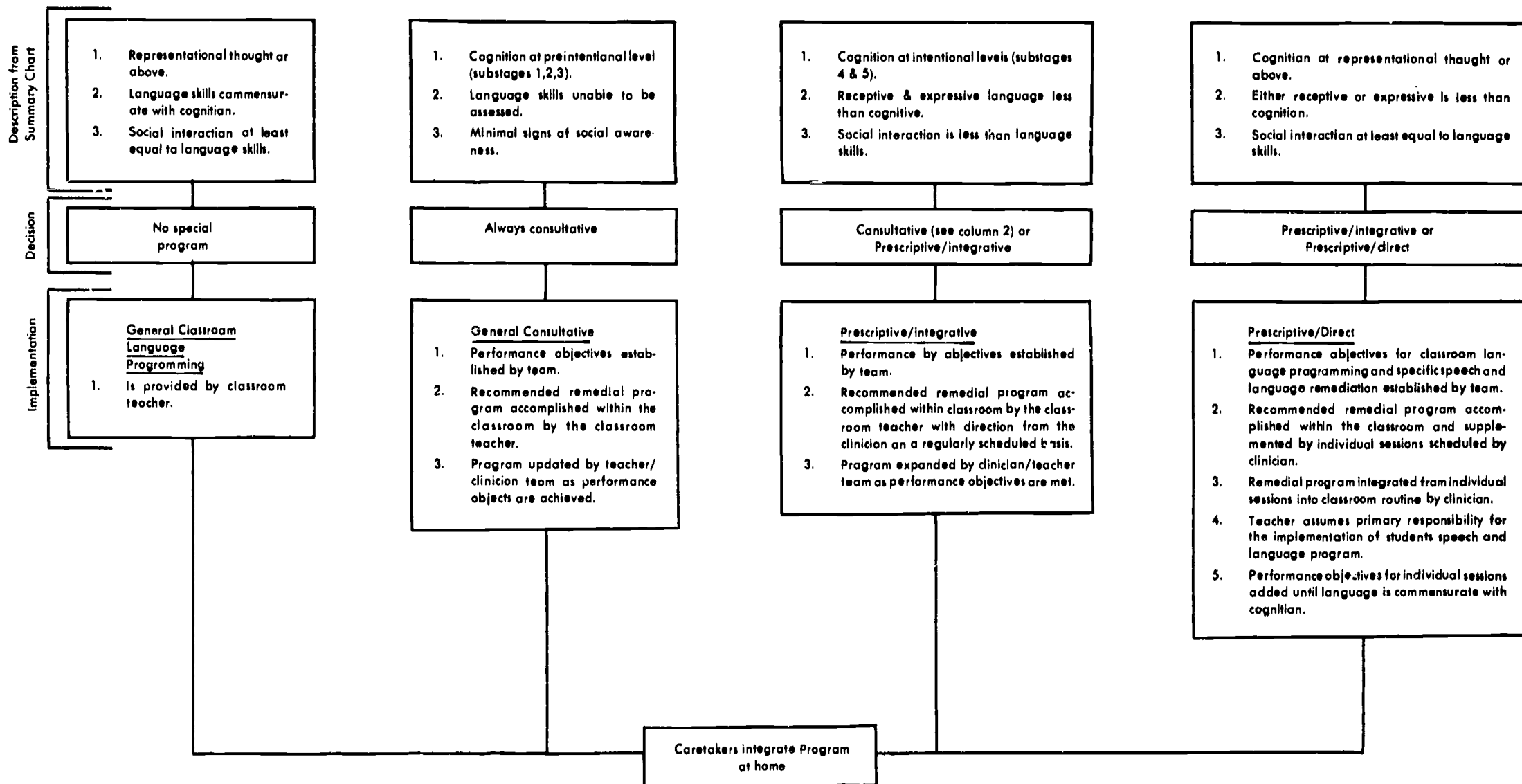
Instructions:

1. Place a check mark beside characteristics demonstrated (reference chart or other evaluation tools may be used as necessary).
2. Shade in areas which describe functioning (areas may be partially shaded).
3. Refer to program decision chart.

Recommendations:

Nelson, Silbar, Lockwood; 1981

Placement and Program Decision Chart



REFERENCES

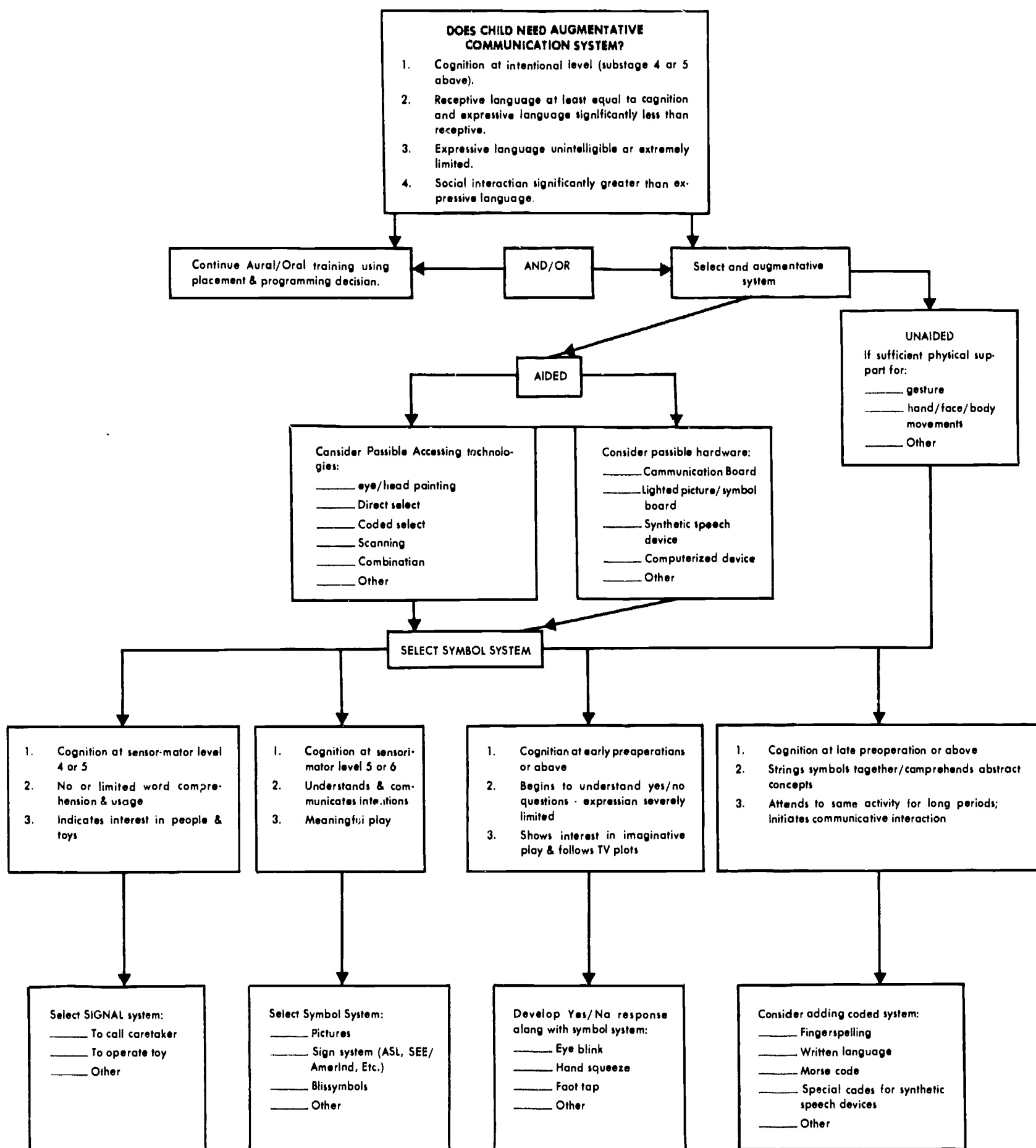
Brandt, A., Berlin, C., Clabuesch, R., Cunningham, P., Glaser & Radke, A. The Classroom Language Inventory. Contact: E.L. Lockwood, WCISD, 33590 Van Born Road, Wayne, MI 48184 (313) 326-9300.

Chapman, R.S. & Miller, J.F. Analyzing Language & communication in the child. In Nonspeech Language & Communication (Ed. by R.L. Schiefelbusch). Baltimore: University Park Press, 1980.

Lincoln Campus Language Policy. (unpublished paper) Grand Rapids, MI: Lincoln School, 1981. Contact: Jean C. Silbar, Lincoln School, 860 Crahen Road, Grand Rapids, MI 49506 (616) 942-5610 after 2:00.

McLean, J.E. & Snyder-McLean, L.K. A Transactional Approach to Early Language Training. Columbus, OH: Charles E. Merrill Publishing Company, 1978.

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Caseload Size Determination

STEP I Determine **Number of sessions** available for direct instructional programming in the speech and language impaired teacher's work week by:

- A. Adding number of 20-30 minute sessions available while students are in school and eligible to be seen;
- B. Subtracting number of 20-30 minute sessions which must be reserved each week for:
 - (1) Diagnostics
 - (2) Report writing
 - (3) Program planning, supervision and interface with other professional staff
 - (4) Parent contacts
 - (5) Arranging and conducting meetings
 - (6) Travel between schools
- C. Entering the resulting figure in the formula below.

STEP I TOTAL: Number of instructional sessions available during week.

8:30
9:00
9:30
10:00
10:30
11:00
12:00
12:30
1:00
1:30
2:00
2:30

For example, a typical day might have 12 half-hour sessions available for service to students. A week would have 60 such sessions. If travel time, diagnostic time, report writing time and meeting time were subtracted, 48-52 sessions for directly scheduling students would be one possible (probably maximum) remainder.

STEP II Determine the **Group Size** (teacher:pupil ratio) and **Intensity of Contacts** (number of sessions per week) which would be appropriate for each individual student to be served (i.e. enable the student to make optimal progress). Then categorize and enter those figures into the 3 columns on the left side of the Table. Use the figures to compute the values for the 2 columns on the right side of the table.

FOR EXAMPLE:

	No. Stud.	Group Size	Sessions Per Week	$\left(\frac{\text{No. Groups}}{\text{Number Stud.}} \right) \left(\frac{\text{No. Sessions Sess. per week} \times \text{No. Grps.}}{\text{Group Size}} \right)$	
STEP I TOTAL: 46 available sessions					
Clinician 1 older students with significant artic., language or fluency problems	7	2	2	4	8
older students with single phoneme artic. problems.	38	3	2	13	26
students with 2 or more phoneme (mod.-severe)	13	2	2	7	14
students with mild language and voice problems	5	2	2	3	6
severe language or combination	6 3	2 1	3 3	3 3	9 9
STEP III TOTAL: 72 Students				STEP II TOTAL: 72 Needed sessions	

	No. Stud.	Group Size	Sessions Per Week	$\left(\frac{\text{No. Groups}}{\text{Number Stud.}} \right) \left(\frac{\text{No. Sessions Sess. per week} \times \text{No. Grps.}}{\text{Group Size}} \right)$	
Clinician 2 older students with significant artic., language or fluency problems	6	3	3	2	6
second and third graders with single phoneme artic. problems	24	3	2	8	16
preschoolers	4	4	8	1	8
Students with voice and mild language problems	5	2	3	3	9
severe language impaired	8 1	2 1	3 3	4 1	12 3
kindergarten and first graders with mod-severe artic. problems	21	3	2	7	14
STEP III TOTAL: 69 Students				STEP II TOTAL: 68 Needed sessions	

STEP III By arriving at a total in **Step II** (needed sessions), which is no larger than the total in **Step I** available sessions, the caseload size for the teachers of the speech and language impaired designated to serve the population summarized would be determined in the **Step III Total**. If more sessions are needed than are available, two options exist. First, consider whether the possibility grouping more children into larger groups would make the service model inappropriate, and second, if no further grouping is feasible, consider the need to add additional staff to provide appropriate service. In the **EXAMPLE** —

For Clinician One there are: 72 needed sessions
46 available sessions
26 excess sessions

For Clinician Two there are: 68 needed sessions
46 available sessions
22 excessive sessions

22
+ 26

48 excess needed sessions = one additional full time teacher of the speech and language impaired.

I.E.P.C. FORM INDIVIDUALIZED EDUCATION PLANNING COMMITTEE

REPORT SECTION I

Student's Name Karen Tori Date of Report January 12, 1982
 *Student ID Number _____ School Sun Valley Elementary
 Birthdate 3-17-73 Sex F Grade 3 School District Far Hills Community Schools
 Home Address 4256 Grove Street Race or Ethnic Group Caucasian
 Parent(s) or Guardian Dell and Sally Tori Teacher or Counselor J. Johnson
 Address of Parent(s) Same as above Home Telephone (213) 928-4422
 Native Language of Parent(s) English Work Telephone (213) 927-2600
 Native Language of Student English

*Court or State Agency N.A. Caseworker N.A. Phone N.A.
 District of residence at time student came under court or agency jurisdiction N.A.

PURPOSE OF I.E.P.C.: ☒ Initial ☐ IEP Review ☐ 3 Year Comprehensive Evaluation
☐ Change of Education Status ☐ Other _____

COMMITTEE MEMBERS

Signatures Indicate Participation

Name	Position	School/Agency
<u>Sally Tori</u>	Parent(s)/Guardian	
	Parent(s)/Guardian	
<u>Mason Grace</u>	Administrative Representative	<u>Far Hills Community Schools</u>
<u>Judy A. Johnson</u>	Student's Teacher	<u>3rd Grade Teacher</u>
<u>Barbara B. Blue</u>	*Special Education Personnel	<u>T.S.L.I.</u>
<u>Barbara B. Blue</u>	Multidisciplinary Eval. Team Rep.	
	The Student (If Appropriate)	
	Other(s)	

*Parent(s)/Guardian(s) were contacted by professional personnel from the school district to explain the purpose of this meeting.

By B. Blue Date 1-5-82

SECTION II

ELIGIBILITY AND DETERMINATION OF APPROPRIATE PROGRAMS AND SERVICES

EVALUATION TESTS/PROCEDURES AND RESULTS

1. Photo Articulation Test
 - Omission and distortion of (r), (l)
 - Substitution of S/TH, SH, CH
 - Severe articulatory deviation for C.A.
2. Test of Oral Language Development
 - Grammatical Completion,
 - Word Discrimination,
 - Sentence Imitation
 - Language age scores below 6 years 5 months
3. GFW
 - Auditory Discrimination
 - Selective Attention
 - 2nd percentile
 - 7th percentile
4. Spontaneous Language Sample
 - 50 utterances - MLU: 4.5
 - Analysis reveals incomplete sentences - incorrect pronoun use, use of incorrect forms of plurals, comparative adjective.

Student's Present Level of Educational Performance:

Cognitive Substituting Objective for Subjective pronouns; isn't using irregular past tense; difficulty with
subject/verb agreement.

Affective Average.

Psychomotor Average.

Based on the above information, the committee determines this person to be (check one): ☒ Eligible
☐ Ineligible for Special Education
 Programs/Services

Primary Impairment Speech-Lang. Impaired Rule/Statute 340.1710

*Other _____ Rule/Statute _____

SPECIAL EDUCATION PROGRAMS AND SERVICES DETERMINED TO BE APPROPRIATE:

Based on the above information the committee determines the following programs and services appropriate to meet the unique needs of the handicapped person:

Program/Service (Rule)	Frequency and Duration	Anticipated Duration
<u>Sp/Lang. Imp. 340.1745</u>	<u>45-80 minutes per week</u>	<u>1 school year</u>
	<u>3-4 sessions</u>	

EDUCATIONAL PLACEMENT ALTERNATIVES/OPTIONS CONSIDERED AND REASON FOR REJECTION:

Special education class placement and teacher consultant services were considered and determined to be inappropriate for
the student's unique needs.

***COURSE OF STUDY**

☒ Regular education curriculum leading to a high school diploma with special education support services.

☐ Special education curriculum (ISD plan approved) leading to a high school diploma that included physical education, personal adjustment, pre-vocational and vocational training.

EXTENT STUDENT WILL PARTICIPATE IN REGULAR EDUCATION PROGRAMS:

The time she is not attending speech/language sessions will be spent in regular education.

Special transportation as determined by the IEPC is needed: Yes _____ No ☒

Service required: None

Vocational education was considered and was determined to be not applicable or not needed for the following reasons: _____

Student is only 8 yrs. old.

If vocational education is needed, indicate the vocational education alternative N.A.

Physical education was considered and the following determination was made:

Regular P.E. ☒

Adaptive P.E. ☐

Explain: Student will attend gym with her 3rd grade class.

SECTION III ANNUAL GOALS AND SHORT TERM INSTRUCTIONAL OBJECTIVES

Annual Goal(s)	Short Term Instructional Objectives	Criteria and Evaluation Procedures
1. The student will demonstrate improvement or correction in the development of articulation for phonemes r, l, sh, ch.	A. Discrimination of designated phonemes in isolation, nonsense syllables, initial medial & final positions of words, phrases & sentences at an 80% accuracy b. Production of designated phonemes in above situations at 80% accuracy level.	Photo Articulation Test Teacher-made materials Clinical observation and tabulation Commercially produced materials
2. Language Development (Auditory - the student will demonstrate use of auditory attention, discriminatory and memory skills.)	a. Discrimination of paired words as same or different at 80% accuracy. b. Blending of 4 sound units into a word given only auditory clues at 80% accuracy level.	Teacher-made materials Clinical observation and tabulation
3. Language Development (Morphology and Syntax - The student will demonstrate adequate use of grammatical construction.)	a. Use of complete simple sentences at 80% accuracy level. b. Consistent use of singular and plural forms at 80% accuracy level. c. Use of comparative adjectival forms at 80% accuracy level. d. Use of subjective pronouns in sentences at 80% accuracy level. e. Use of compound sentences at 80% accuracy level. f. Use of adverbs in sentences at 80% accuracy level.	Teacher-made materials Clinical observation and tabulation Teacher-made materials Clinical observations and tabulation

Any participant in the IEPC committee who disagrees with the committee determination(s) may indicate the reasons below. A dissenting report(s) is attached. Yes ☐ No ☒

SECTION IV **COMMITMENT SIGNATURES**

N.A.

This student's resident district concurs with this individualized educational program and requests its implementation.

_____ This student's resident district requests a hearing on the matter related to _____

_____ Date

_____ Signature of the District of Residence Superintendent or Designee

Not necessary when the resident district is the operating district or when the student's special education program is paid for with Section 53 funds.

☒

The public agency intends to implement this individualized program as presented in this report, I (Superintendent or Designee of the Operating District) am assigning this eligible handicapped person to the Sun Valley Elem.

school. I am assigning Barbara B. Blue to be responsible for the implementation of this IEP which shall take effect on February 2, 19 82.

_____ The public agency does not agree with the determination of this committee and requests a hearing on the matter related to _____

January 22, 1982

Marshall J. Thomas

_____ Date

_____ Signature of District Superintendent or Designee

☒

I have been fully informed of my rights and request that the educational programs and services described in this IEPC report be implemented.

_____ I do not agree with the determinations of this committee and request a hearing on the matter related to _____

January 25, 1982

Sally Tori

_____ Date

_____ Parent/Legal Guardian



MICHIGAN STATE BOARD OF EDUCATION
STATEMENT OF ASSURANCE OF COMPLIANCE WITH FEDERAL LAW
The Michigan State Board of Education complies with all Federal Laws and regulations prohibiting discrimination and with all requirements and regulations of the U.S. Department of Education. It is the policy of the Michigan State Board of Education that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap shall be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education.